

KETTERING GOLF CLUB

Membership Application Form

I, the undersigned, hereby make application for Membership of the above Club, and agree to pay the Entrance Fee (where appropriate) and Subscription upon receiving notice from the Club Secretary/Manager of my acceptance (usually immediate). If such payment is not received Membership will not be given.

Signed.....
Name & Title in full.....
Address.....
.....Post Code.....
Phone: Home..... Business

Mobile Phone:..... E.Mail

Occupation

Business Address

.....

Date Date of Birth.....

Previous Club Handicap.....

Introduced by.....(Insert full name of current member of Kettering Golf Club, if applicable)

Type of Membership applied for:-

Full 7 day

5 day

18-29

Junior Other.....

In the event of Membership being fully subscribed, priority will be given to Kettering Borough Council residents.

OFFICE USE ONLY

Fees Paid £ Date..... or Fairway Credit

Membership Card Number