



HAWKSTONE PARK MEMBERSHIP APPLICATION FORM

Category of membership required (please state) _____

Full Name _____

Name of previous golf clubs/golfing experience _____

Address _____

(For Corporate Membership business address required please)

Previous or present handicap _____

(For Individual Membership please send a copy of your current handicap with your application form or forward to the Golf Club Secretary)

Company reg no _____

(Corporate Membership only)

Membership acceptance to the Golf Courses at Hawkstone Park Golf Club is subject to approval by a Company management representative and an officer of Hawkstone Park Golf Club.

VAT reg no. _____

Postcode _____

I agree to conform to the policies, privileges and regulations of the company and Hawkstone Park Golf Club.

Home Tel No. _____

Hawkstone Park reserves the right to alter or amend terms, conditions and fees.

Mobile No _____

Email (please print clearly) _____

Signature _____

Occupation _____

Please print name _____

Date of Birth _____

Date _____