



# LANGLEY PARK GOLF CLUB Ltd

## APPLICATION FOR MEMBERSHIP

Name:

Title:

Address:

Telephone Number: Home:

Mobile:

Email Address:

Profession or Occupation:

Date of Birth:

Category of Membership: (please select)

(7 Day Full / 6 Day / 5 Day / Country / Academy / Student / Junior / Social Non-Playing)

Current Club:

CDH ID (if known)

Signature:

Date:

By ticking this box, you agree to us contacting you regarding membership and other club matters. Your information will be stored securely and will not be shared with third parties.

Please return this form to: The Club Office, Langley Park Golf Club, Barnfield Wood Road, Beckenham, Kent, BR3 6SZ or email [admin@langleyparkgolf.co.uk](mailto:admin@langleyparkgolf.co.uk).

**Thank you – one of our membership team will be in contact with you**