

WILLINGDON GOLF CLUB

MEMBERSHIP APPLICATION FORM

Surname First name

Address

..... Post code

Tel (Home) Date of Birth

Tel (Work) Mobile Tel

E Mail Address

Occupation

Membership Category

Current handicap Previous Golf Clubs.....CDH No.....

Subscription Means of Payment

Recommended by a current member. Members name.....

I understand that by applying for membership I have read and agree to abide by the rules and conditions of the Club.

I further understand that I am committed to a minimum of 12 month membership period and thereafter I must give at least one month's notice of my intention to terminate my membership.

Signed Date

FOR OFFICE USE ONLY

Date paid Total amount Means of 1st payment

Expiry date Mem Card issued Membership number

D/d sent 1st DD payment due Monthly amount

SOUTHDOWN ROAD, WILLINGDON EAST SUSSEX, BN20 9AA.

TELEPHONE 01323 410981/410984. E MAIL SECRETARY@WILLINGDONGOLFCLUB.CO.UK

WEBSITE WILLINGDONGOLFCLUB.CO.UK

**WILLINGDON IS A CASC REGISTERED GOLF CLUB AND IS OPEN TO ALL, INCLUDING THOSE ON LOW INCOMES.
PLEASE SPEAK TO THE GENERAL MANAGER FOR FURTHER INFORMATION.**