

# **MEMBERSHIP APPLICATION FORM**



Type of Membership applying for:

☐

Full 7 Day

☐

Midweek 5 Day

☐

Taster Membership

☐

Intermediate Aged: \_\_\_\_\_

## **CONTACT DETAILS:**

Title: Mr / Mrs / Miss / Ms. Other \_\_\_\_\_

Forename: \_\_\_\_\_

Middle name: \_\_\_\_\_

Surname: \_\_\_\_\_

Known name (if different): \_\_\_\_\_

Date of Birth:

D	D
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M	M
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Y	Y	Y	Y
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Email Address: \_\_\_\_\_

Alternative Email: \_\_\_\_\_

Telephone - Home:

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Telephone - Work:

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Telephone - Mobile:

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Address: House Name/No.: \_\_\_\_\_

Street Name: \_\_\_\_\_

Town/City: \_\_\_\_\_

County: \_\_\_\_\_

Postcode:

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Current occupation? \_\_\_\_\_

Would you be happy for the General Manager or a member of the Board of Directors to contact you for advice if they felt your area of expertise could benefit the club?

YES

☐

NO

☐

## **EMERGENCY CONTACT DETAILS:**

*This is not required although we ask you to please complete the following information in case of an emergency.*

Next of Kin Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact No.: \_\_\_\_\_

Relevant Medical History: \_\_\_\_\_

Doctor or Surgery Info: \_\_\_\_\_

GOLFING HISTORY:

It is our practice to register new members of Clandon Regis GC (including those new to golf) with the system controlled by England Golf which manages handicaps under the World Handicap System (WHS) for all clubs in England. Data protection considerations require us to have your explicit authorisation, prior to registration, to pass on the following data: Date of Birth, Email Address, Gender. Please indicate your choice below:

☐ I authorise Clandon Regis Golf Club to pass the above information to England Golf.

☐ I do not authorise Clandon Regis Golf Club to pass the above information to England Golf and as such understand I CANNOT attain an official handicap.

Do you currently hold an official handicap?      YES ☐ NO ☐      If yes, what is your current Handicap? \_\_\_\_\_

So we can enter your record correctly please enter the following:

CDH No.       Will Clandon Regis Golf Club be your home club? YES ☐ NO ☐

Are you currently a member at another golf club?      YES ☐ NO ☐

If yes, please specify: \_\_\_\_\_

Have you been a member at any other clubs previously?

Club Name: \_\_\_\_\_ Year resigned: \_\_\_\_\_

Club Name: \_\_\_\_\_ Year resigned: \_\_\_\_\_

Club Name: \_\_\_\_\_ Year resigned: \_\_\_\_\_

Any other information you feel may be useful:

\_\_\_\_\_

\_\_\_\_\_

GENERAL INFORMATION:

To help us understand recruitment, marketing and our membership profiles please answer the following:

How did you first hear about Clandon Regis Golf Club?

Family/Friends are Members? ☐      Live Locally? ☐

Played previously in a society? ☐      Advertisement? ☐      Please specify: \_\_\_\_\_

Played previously in a casual game? ☐      Other? ☐      Please specify: \_\_\_\_\_

Were you recommended Clandon Regis GC by a current member? If so please indicate their name so we can thank them.

What first attracted you to Clandon Regis GC? \_\_\_\_\_

Were you considering joining any others club(s)?      YES ☐ NO ☐

If so, which club(s)? \_\_\_\_\_

How do you feel Clandon Regis GC had the edge? \_\_\_\_\_

Please rate the following aspects of membership out of 10 on the basis of what you have experienced so far:

Quality of the course	<input type="text" value="/10"/>	Clubhouse ambiance	<input type="text" value="/10"/>
Practice Facilities	<input type="text" value="/10"/>	Bar & catering facilities	<input type="text" value="/10"/>
Competitive Golf opportunities	<input type="text" value="/10"/>	Friendliness of the staff and members	<input type="text" value="/10"/>

Were you welcomed warmly by the Pro Shop and Office Staff?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Have you found the members at the club to be friendly?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Would you be interested in attending Social events at the Club?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>

Please comment on anything you feel we could do better?

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If you have any friends or colleagues who may be interested in joining Clandon Regis GC please give their names and email addresses below and we will be pleased to send them details:

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**PAYMENT:**

Please indicate how you will making the payment of your fees:

CASH	<input type="checkbox"/>	<i>Please do not send any form of cash payment through the post.</i>
CHEQUE	<input type="checkbox"/>	<i>Please make cheques payable to "Clandon Regis Golf Club Ltd."</i>
BACS	<input type="checkbox"/>	<i>Please contact the club office for more details</i>
DEBIT CARD	<input type="checkbox"/>	<i>Using either your PIN number or security code as forms of authorisation</i>
CREDIT CARD	<input type="checkbox"/>	<i>As above, however, please note we do not accept American Express.</i>
PREMIUM CREDIT	<input type="checkbox"/>	<i>Spreading the costs over 9 months - please contact the club office for more information or to apply.</i>

**THE SMALL PRINT:**

*I apply for membership to Clandon Regis Golf Club Ltd and agree to abide by the Club Rules and terms and conditions of membership set out therein. I understand that, as the company is limited by guarantee, I am liable for £10 only as a member of the club.*

☐ *I am happy for CRGC to keep me up to date with news and events concerning the golf club. Please tick to accept or leave blank if you would rather not receive any communication from us.*

*Your details will not be passed on to any 3rd party for direct mail or marketing purposes.*

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

<u>OFFICE</u> <u>USE ONLY</u>	SUBSCRIPTION FEE:	£	TOTAL PAID:	DATE & FORM OF PAYMENT:
	AFFILIATION FEE:	£		
	SWIPE CARD FEE:	£	£	