



## Shirley Park Golf Club Limited

194 Addiscombe Road, Croydon, Surrey CR0 7LB

Phone 020 8654 1143 | Fax 020 8654 6733 | secretary@shirleyparkgolfclub.co.uk | www.shirleyparkgolfclub.co.uk

### APPLICATION FORM MEMBERSHIP

Once you've downloaded this pdf you can complete it by typing directly onto it and send it back to the email address shown above, a digital signature is acceptable, or you can sign the form when you come in to see us. If you prefer, you can print the form, complete it by hand and send it back by post.

Surname \_\_\_\_\_ Mr  Mrs  Miss  Ms

First Name(s) \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

email \_\_\_\_\_ Phone (home) \_\_\_\_\_

Phone (mobile) \_\_\_\_\_ Phone (work) \_\_\_\_\_

Occupation (if retired state previous) \_\_\_\_\_ Employer \_\_\_\_\_

Present Golf Club \_\_\_\_\_ Handicap \_\_\_\_\_

Previous Golf Club \_\_\_\_\_ Date(s) \_\_\_\_\_

I am not a member of a Golf Club –  I think my handicap is about .....

Spouse / Partners Full Names \_\_\_\_\_ Date of Birth \_\_\_\_\_

Type of Membership (please tick) Full Golfing (7 day)  5-Day Golfing  Joint Full Golfing  Joint 5-Day Golf

Joint (other combination)  Social  Joint Social  Social Spouse/Partner  Cat C (19-21 years)

Cat D (22-25 years)  Cat E (26-33 years)  Academy  [Click to Submit](#)

I / we agree to be bound by the terms of Memorandum and Articles of Association and Rules and Regulations of Shirley Park Golf Club. I agree to pay the current subscriptions in full, which form part of this application. This includes Members who wish to pay by monthly instalments.

Signature \_\_\_\_\_ Date \_\_\_\_\_

### TO BE COMPLETED BY THE CLUB

Interviewed by \_\_\_\_\_ Interview Date \_\_\_\_\_

Notes \_\_\_\_\_

E Mail  Phone  Application number \_\_\_\_\_

Please indicate above if you wish to be contacted by the Club, and how you wish to be communicated. Your Data will not be used by 3<sup>rd</sup> Parties for any Marketing reasons.