

MEMBERSHIP APPLICATION FORM



Type of Membership applying for:

<input type="checkbox"/> Full 7 Day	<input type="checkbox"/> Midweek 5 Day
<input type="checkbox"/> Taster Membership	<input type="checkbox"/> Intermediate Aged: _____

CONTACT DETAILS:

Title: Mr / Mrs / Miss / Ms. Other _____

Forename (s): _____ Known Name (if different): _____

Surname: _____ Date of Birth:

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M	M
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Y	Y	Y	Y
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Address: _____

Postcode:

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Email Address: _____

Telephone - Home:

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Telephone - Mobile:

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Telephone - Work:

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Next of Kin Name: _____

Relationship: _____

Contact No.:

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Doctor or Surgery Info: _____

Relevant Medical History: _____

GOLFING HISTORY:

It is not pre-requisite for membership at "Clandon Regis" to have a golf handicap. However, we would like to know about your golfing history. Please complete the following with as much information as possible.

Are you currently a member at another golf club? YES / NO If yes, please specify: _____

Do you currently hold an official handicap? YES / NO Will Clandon Regis GC be your Home Club? YES / NO

Please provide the following: CDH No.

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 Handicap: _____

Any other information e.g. Have you been a member at any other clubs previously? Have you held a handicap previously elsewhere?:

Please turn over.

CLANDON REGIS GOLF CLUB, EPSOM ROAD, WEST CLANDON, SURREY GU4 7TT

TELEPHONE: 01483 224888 EMAIL: OFFICE@CLANDONREGIS-GOLFCLUB.CO.UK WWW.CLANDONREGIS-GOLFCLUB.CO.UK REGISTERED IN ENGLAND NO. 3184339

GENERAL INFORMATION:

What is your current occupation?

Have you played at Clandon Regis Golf Club before, either in a casual game or in a society?

How did you first hear about Clandon Regis Golf Club? *(please delete as appropriate)*

Local Advertising Members recommendation Other: _____

Do you know any current members at Clandon Regis Golf Club?

Do you have anyone in your family who is currently, or has ever been, a member at Clandon Regis Golf Club?

If please specify relationship: _____

If you know of any friends or colleagues who may be interested in Clandon Regis Golf Club please give their names and addresses below and we will be pleased to send them details:

PAYMENT:

At Clandon Regis Golf Club we accept the following forms of payment for your membership:

Please indicate your preferred method.

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

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.

Signed: _____ Date: _____

FOR OFFICE USE ONLY.	Copy for Captain:	Swipe Card:	Staff Initials. Date Paid:	Subs fee	£	-
				Swipe card	£	50.00
				TOTAL PAID	£	-