



Ashford (Kent) Golf Club

Membership Application Form – 2020

Full Name (BLOCK CAPITALS) _____

Address: _____

_____ E-Mail _____

Tel.No. (Home): _____ Mobile: _____

Business No. _____ Car Reg: _____

Date of Birth: _____ Occupation: _____

Emergency Contact: Name: _____

Contact Number: _____ Relationship : _____

Are you currently a member of a golf club (Y/N) _____

If Yes, Club Name _____

Current Club Handicap _____ CDH Unique ID Number _____

Membership Category Applied For: (tick)

7-Day Unlimited
Flexi Membership
2nd Club

5 Day
Junior
Non-Playing/Social

I would like to apply to become a member of Ashford (Kent) Golf Club and agree to adhere to the rules of the club.

GDPR: I agree to AKGC keeping my details on their systems so that they may contact me via e-mail, telephone or letter.

Date: _____

Signature _____

TOTAL FEES PAYABLE

Subscriptions Due	
Discounts Applied (Students etc)	
KGU Fees	
Bar Card Top up	
Large Locker	
Small Locker	
Total Due	
Amount Paid	
Payment Method	

Interview Date	Interviewed By