



Shirley Park Golf Club Limited

194 Addiscombe Road, Croydon, Surrey CR0 7LB

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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)

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 3rd Parties for any Marketing reasons.