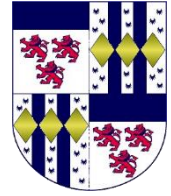


# WILLINGDON GOLF CLUB

## Membership Application Form



PLEASE COMPLETE IN BLOCK CAPITALS

FULL NAME: -

ADDRESS: -

HOME TELEPHONE: -

MOBILE: -

WORK: -

DATE OF BIRTH: -

E-MAIL: -

OCCUPATION: -

PREVIOUS GOLF CLUBS: -

HANDICAP: -

CDH NUMBER: -

CATEGORY OF MEMBERSHIP: -

	(✓)		(✓)
FULL		INTERMEDIATE – 19-25	
FIVE DAY		INTERMEDIATE – 26-30	
GATEWAY		STUDENT	
WINTER		JUNIOR 0-14	
CASC (Please ask the office for details)		JUNIOR 15-18	

I understand that I am committed to a minimum of 12-month membership period  
(Winter Membership not included).

I hereby apply to become a member of Willingdon Golf Club Limited. If duly accepted, I hereby agree to be bound by the Memorandum & Articles of Association and Byelaws of the Club from time to time in force. I acknowledge that a copy of the Memorandum & Articles of Association and Byelaws of the Club are available from the General Office.

SIGNATURE: -

DATE: -

TEL: - 01323 410981

E-MAIL: - [secretary@willingdongolfclub.co.uk](mailto:secretary@willingdongolfclub.co.uk)

MEMBER REFERRAL

NAME OF EXISTING MEMBER: -