

LADBROOK PARK GOLF CLUB LIMITED



APPLICATION FOR MEMBERSHIP

PART 1

DATE

SURNAME FORENAMES

ADDRESS
.....

TEL (HOME) TEL (MOBILE).....

E-MAIL ADDRESS

PRESENT CLUB (IF ANY) CDH NR EXACT H/CAP.....

PART 2

OCCUPATION SCHOOL (JUNIORS ONLY)

NAME OF EMPLOYER (IF APPLICABLE)

DATE OF BIRTH MARITAL STATUS

IF ELECTED AS A MEMBER OF THE COMPANY, I AGREE TO BE BOUND BY THE ARTICLES OF ASSOCIATION OF THE COMPANY AND THE BYE-LAWS OF THE CLUB

SIGNATURE OF APPLICANT

PROPOSER (PRINT NAME IN FULL)

SIGNATURE

SECONDER (PRINT NAME IN FULL)

SIGNATURE

PLEASE NOTE

PROPOSER AND SECONDER MUST BE OVER 21 YEARS OF AGE AND HAVE BEEN A FULL MEMBER OF THE CLUB FOR AT LEAST THREE YEARS, THEY SHOULD ASSUME RESPONSIBILITY FOR VALIDATING THE APPLICANT'S PLAYING ABILITY AND INTEGRITY (AND KNOWN THE PERSON FOR AT LEAST THREE YEARS). PROPOSER OR SECONDER WOULD BE EXPECTED TO ATTEND INTERVIEW

IF I AGREE TO PAY THE ENTRANCE FEE OVER 3 YEARS, AND/OR PAY MY SUBSCRIPTION BY DIRECT DEBIT, SHOULD I DECIDE TO LEAVE THE CLUB EITHER PART WAY THROUGH A YEAR OR BEFORE THE END OF THE 3 YEAR PERIOD OF MY ENTRANCE FEE PLAN, I HEREBY AGREE TO PAY IN FULL ANY BALANCE DUE ON MY ANNUAL SUBSCRIPTION FOR THAT YEAR AND ANY BALANCE OF THE ENTRANCE FEE THAT REMAINS OWING TO LADBROOK PARK GOLF CLUB.

SIGNED.....

CLUB USE ONLY

CATEGORY 7 DAY 6 DAY 5 DAY JUNIOR SOCIAL

DATE RECEIVED

DATE ACKNOWLEDGED

INTERVIEW ARRANGED FOR

MEMBERSHIP AFFECTIVE FROM

***PLEASE BRING CONFIRMATION OF HANDICAP TO INTERVIEW
JACKET AND TIE WILL BE REQUIRED AT INTERVIEW***