



Shirley Park Golf Club Limited

194 Addiscombe Road, Croydon, Surrey CR0 7LB

Phone 020 8654 1143 | Fax 020 8654 6733 | secretary@shirleyparkgolfclub.co.uk | www.shirleyparkgolfclub.co.uk

APPLICATION FOR MEMBERSHIP OF THE GOLF ACADEMY

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 _____

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 & entry fee which form part of this application.

Signature _____ Date _____

TO BE COMPLETED BY THE CLUB

Interviewed by _____ Interview Date _____

Notes _____

Approved Declined

Application number _____

This information will be used by Shirley Park Golf Club and will not be given to outside agencies unless specific permission to do so has been obtained from you. Your Name and telephone details will be printed in the Club diary which is given to all members.