



Shirley Park Golf Club Limited

194 Addiscombe Road, Croydon, Surrey CR0 7LB

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MEMBERSHIP APPLICATION FORM (26 - 33 YEARS OF AGE)

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) 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.

Signature _____ Date _____

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 given by you. Your name and telephone details will be printed in the Club diary and members section of our website.

TO BE COMPLETED BY THE CLUB

From a friend/relation

Shirley Park Website

Ad in newspaper

Poster (in club)

Poster (Proshop)

Poster (club entrance)

Facebook

Google (or similar)

Leaflet