



Kingsley Road Northampton NN2 7BU

Pro Shop 01604 719602

MEMBERSHIP APPLICATION FORM

Name in full _____ Title _____

Preferred Name _____ DOB _____

Membership applied for (please tick) 7 day 25-35 20-25 5 day Off Peak
Junior Bronze Community Other *
* please specify

Address _____
_____ Post Code _____

Telephone _____ Mobile _____

E Mail _____

Occupation _____ Company _____

Address _____ Work Phone _____

Previous Club _____ Handicap _____

Handicap CDH Number (if known) _____

I, the undersigned, hereby make application for membership of Kingsley Road Golf Club and agree to pay the subscription upon receiving notice. If such payment is not received within 4 weeks of advice my membership will be automatically cancelled. **I understand that my acceptance constitutes a binding agreement to be bound by the Constitution of Kingsley Road Golf Club and amendments, which may be made, within the rules laid down in that Constitution.**

Signed _____ Date _____

For office use

Sub Amount	<input type="text" value="£"/>	Locker No	<input type="text" value="£50 pa"/>	Trolley Shed	<input type="text" value="£50 pa"/>
Payment				Date	Initials
Cheque	<input type="text"/>	Registration completed	<input type="text"/>	<input type="text"/>	<input type="text"/>
Credit Card	<input type="text" value="Rec No"/>	Notes			
Fairway Credit	<input type="text" value="Form sent"/>				
AIB	<input type="text" value="Form sent"/>				