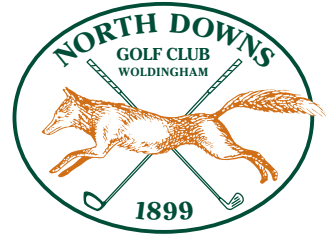


**NORTH DOWNS GOLF CLUB LIMITED**

Northdown Road, Woldingham, Caterham, Surrey CR3 7AA

Telephone: 01883 652057 • Professional: 01883 653004

Email: manager@northdownsgolfclub.co.uk • www.northdownsgolfclub.co.uk



APPLICANT NUMBER: ..... DEPOSIT PAID

**MEMBERSHIP APPLICATION FORM**

**CANDIDATE DETAILS**

MR/MRS/MISS/MS FULL NAME: .....

ADDRESS: .....

..... POSTCODE: .....

TELEPHONE: ..... MOBILE: .....

EMAIL: .....

OCCUPATION: ..... WORK PHONE: .....

**TYPE OF MEMBERSHIP REQUIRED**

FULL  INTERMEDIATE  JUNIOR  COUNTRY  SOCIAL   
(Age 18-29) (Age under 18)

PREVIOUS GOLF CLUB: .....

PRESENT HANDICAP: ..... OR EXPECTED HANDICAP: .....

DATE OF BIRTH: ..... DATE OF APPLICATION: .....

WHERE DID YOU HEAR ABOUT NORTH DOWNS GOLF CLUB?

WEBSITE  MEMBER  OTHER, PLEASE STATE: .....

PROPOSER: ..... SECONDER: .....

NB: The Proposer and Seconder must sign this Application Form.

In the absence of a Proposer and Seconder, the Application will be accepted providing the applicant can demonstrate reasonable knowledge of the etiquette of golf.

**A DEPOSIT OF £100 AND WHERE APPLICABLE A HANDICAP CERTIFICATE SHOULD ACCOMPANY THIS APPLICATION FORM.**