KINGSTHORPE GOLF CLUB

£850 SPECIAL OFFER MEMBERSHIP APPLICATION FORM

YOU ARE APPLYING FOR A FULL 12-MONTH, 7-DAY MEMBERSHIP OF KINGSTHORPE GOLF CLUB

FILL IN THE FORM AND BRING IT INTO THE PRO SHOP ALONG WITH PAYMENT DETAILS TO PROCESS YOUR APPLICATION

TITLE FIRST NAME(S) LAST NAME

ADDRESS

POSTCODE DATE OF BIRTH ☐☐ / ☐☐ / ☐☐☐☐

TELEPHONE MOBILE

EMAIL*

PREVIOUS CLUB AND HANDICAP (IF APPLICABLE) HCP

WHS MEMBERSHIP NUMBER (IF KNOWN)

HOW WILL YOU BE PAYING FOR YOUR MEMBERSHIP?

☐ Bank Transfer ☐ Debit Card ☐ Cash

NAT WEST BANK
SORT CODE: 56-00-60
ACCOUNT NO: 44571453

***HOW WE STAY IN TOUCH:** It is important that the club can contact you about course and membership information, so we will get in touch via email whenever we feel it is necessary to do so. Also, from time to time we will have 3rd party promotions which we feel may benefit our members. Please tick this box if you wish to receive these promotions. We **never** sell on your details.

Yes, I agree for the club to send me 3rd party promotions ☐

SPECIAL REQUIREMENTS?

☐ **I have read and accept the online Terms and Conditions of this £850 Special Offer Membership. I understand that if it subsequently becomes apparent that I do not satisfy one or more of the membership criteria, that my membership will be cancelled with immediate effect.**

I, the undersigned, hereby make application for membership of Kingsthorpe 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 Kingsthorpe Golf Club and amendments, which may be made, within the rules laid down in that Constitution.**

SIGNED DATE

KINGSTHORPE GOLF CLUB, KINGSLEY ROAD, NORTHAMPTON NN2 7BU
Tel: 01604 711173 www.kingsthorpe-golf.co.uk secretary@kingsthorpe-golf.co.uk
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