



# KINGSTHORPE GOLF CLUB

# MEMBERSHIP APPLICATION FORM

IN ORDER TO PROCESS YOUR APPLICATION EFFICIENTLY, PLEASE ENSURE THAT ALL RELEVANT FIELDS ARE COMPLETED

TITLE FIRST NAME(S) LAST NAME

ADDRESS

POSTCODE DATE OF BIRTH

TELEPHONE MOBILE

EMAIL\*

### MEMBERSHIP CATEGORY APPLIED FOR (PLEASE TICK ONLY ONE PER APPLICATION)

- M JUNIOR (UP TO 18 YRS)     D 7 DAY (19-24 YRS)     E 7 DAY (25-30 YRS)     G 7 DAY (31-34 YRS)
- A 7 DAY (35+ YRS)     7 DAY (80+)     F OFF PEAK     J 5 DAY     BR BRONZE
- C COUNTRY     NH 9 HOLE (75+ YRS)     COR CORPORATE     COR OTHER \_\_\_\_\_

COMPANY NAME (CORPORATE MEMBERS ONLY)

PREVIOUS CLUB AND HANDICAP (IF APPLICABLE) HCP    WHS MEMBERSHIP NUMBER (IF KNOWN)

### HOW WILL YOU BE PAYING FOR YOUR MEMBERSHIP? (Please tick only one)

- Cheque     Bank Transfer     Standing Order/Direct Debit     Other (specify)

**\*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

NAME OF MEMBER WHO INTRODUCED YOU:

### SPECIAL REQUIREMENTS?

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  
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