



Henlle Park Golf Club - APPLICATION FOR MEMBERSHIP

Title & Full Name: _____

Address: _____

_____ Postcode _____

Telephone (Work) _____ Telephone (Home) _____

E-Mail _____ Mobile _____

Occupation _____ D/O/B _____

Have you ever been a member of any other Club or Golf Society, if so please state the Clubs/Societies:

_____ Current H/C _____

	<u>GENTLEMEN</u>	<u>LADIES</u>
7-Day Membership	<input type="checkbox"/>	<input type="checkbox"/>
5-Day Membership	<input type="checkbox"/>	<input type="checkbox"/>
Intermediate (20-29 years)	<input type="checkbox"/>	<input type="checkbox"/>
Junior (12-19 years)	<input type="checkbox"/>	<input type="checkbox"/>
Social Country 40 miles +	<input type="checkbox"/>	<input type="checkbox"/>
Full Country 40 miles +	<input type="checkbox"/>	<input type="checkbox"/>
4 Month Trial Membership (7 day)	<input type="checkbox"/>	<input type="checkbox"/>
Academy (Par 3 Moreton Hall 6 month)	<input type="checkbox"/>	<input type="checkbox"/>
Golf Union Fee PAYABLE IN FULL	<input type="checkbox"/>	<input type="checkbox"/>
£10.50	£16.00	
Method of Payment (please tick)	Cash <input type="checkbox"/>	Cheque <input type="checkbox"/>
	DD <input type="checkbox"/>	Card <input type="checkbox"/>

I agree to abide by the rules of the Club. All applications are at the sole discretion of the Proprietor of Henlle Park Golf Club, whose decision is final and binding.

Signed _____ Date: _____

Your 'phone number may be put on a list for competition purposes, if you do not wish this to be publicised, please inform the