



Membership - Application Form

APPLICANT - Name in full:				
Address:				
			Post Code	
Contact:				
Phone: Home				
Phone: Mobile				
Email:				
Date of Birth:				
Occupation:				
Previous Club – if applicable:				
Handicap – if applicable:				
Golf ID (CDH No.) – if applicable:				
Applying for:		Playing Membership		Non-Playing Membership
Introduced by – if applicable:				
<ul style="list-style-type: none"><i>I consent to receive correspondence from Kettering Golf Club via email and post,</i><i>I understand my contact information will be visible to fellow members unless I opt out.</i>				
<ul style="list-style-type: none"><i>In the event of illness Injury or other circumstances refunds of subscriptions in full or in part will not be granted.</i>				
<ul style="list-style-type: none"><i>I agree to comply with the Rules of Kettering Golf Club (1891) Ltd. as they may apply at any given time.</i>				
Signature:				
DATE:				