

ENFIELD GOLF CLUB

Old Park Road South, Enfield, Middlesex, EN2 7DA. 020-8363 3970

APPLICATION FOR PLAYING MEMBERSHIP

I would like to become a Playing Member of ENFIELD GOLF CLUB LIMITED and I hereby agree, if successful, to be bound by all the Conditions of the Memorandum and Articles of Association and the Bye-Laws and Regulations of the Club.

Please complete in BLOCK CAPITALS:

Type of Membership (e.g. 5, 6 or 7 Day, 1 Month, 3 Months)	
Payment Method (Cash, Cheque, Debit Card, Credit Card, Bank Transfer, Direct Debit)	
Surname	Mr/Mrs/Miss/Ms
First Name (If appropriate, please tell us your formal name, plus the name that you would like us to use e.g. Gregory AND Greg)	
Date of Birth (Please note: Proof of your date of birth will be required on joining)	
Address	
Home Telephone	
Mobile Telephone	This information will be shared in the member directory
Email Address	This information will be shared in the member directory
Emergency contact and phone number	
Occupation (if Company Director please specify nature of business)	
Work Address	
Work Telephone	

Continued overleaf

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APPLICATION FOR PLAYING MEMBERSHIP - Continued

Brief Golf History (including previous golf club membership and handicap if any)	
CDH number (if known)	
Other Sports and/or Social Club Membership	
How did you hear about Enfield Golf Club? Has anybody recommended you?	
Do you know any existing members?	
Which areas are you most interested in?	For example: Competitions, Socialising, Regular meet ups,
What do you wish to gain from your membership?	For example: improve handicap, play in competitions, join a regular group, join an existing team, for us to arrange games for you
Would you be interested in lessons?	
Would you be happy for us to pass on your name (only) to other new members?	
Signature of Applicant	
Date	