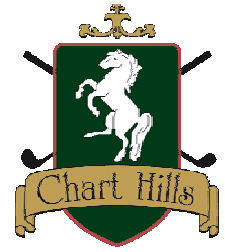


MEMBERSHIP APPLICATION



CODE

I hereby request to be considered for membership of Chart Hills Golf Club and the rights and privileges therein.

I understand and promise to abide by the rules and regulations of the Club.

SIGNATURE.....

PROPOSED BY..... SECONDED.....

NAME IN FULL

DATE OF BIRTH

HANDICAP

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HOME ADDRESS IN FULL

--

POSTCODE

HOME PHONE

WORK PHONE

MOBILE

--	--	--	--

EMAIL ADDRESS

--

COMPANY NAME AND DETAILS FOR CORPORATE MEMBERSHIP

--

SPOUSE DETAILS FOR JOINT MEMBERSHIP

	HANDICAP
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TYPE OF MEMBERSHIP REQUIRED: CIRCLE SELECTED OPTION

7 DAY INDIVIDUAL 7 DAY JOINT 5 DAY INDIVIDUAL 5 DAY JOINT INTERMEDIATE COUNTRY JUNIOR CORPORATE

PAYMENT METHOD: CIRCLE SELECTED OPTION

DD 1/4 DD MONTHLY FULL IN ADVANCE CREDIT CARD

PREFERRED START DATE:

CHART HILLS GOLF CLUB, WEEKS LANE, BIDDENDEN, KENT, TN27 8JX

+44 (0)1580292222

WWW.CHARTHILLS.CO.UK

OFFICE USE ONLY. CLUB CARD NUMBER.....MEMBERSHIP CODE.....