



MEMBERSHIP APPLICATION FORM

APPLICANT INFORMATION

Name:		
Date of Birth:	Mobile:	Home:
Current Address:		
City:	County:	Post Code:
Email Address:		

MEMBERSHIP INFORMATION

Membership Type:		
Price:	Payment Method:	DD Form Completed: Yes No
Card Type:	Number:	Exp Date: Code:
CPGC to be Home Club: Yes No	Handicap:	

HOW DID YOU HEAR ABOUT US

Please circle the option that best describes how you came to know about membership at Collingtree Park Golf Club

<p>Google or other web search</p> <p>An existing member</p> <p>You have previously been a member</p> <p>Other</p>	<p>If other, please give us the details here:</p>
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PREVIOUS GOLF CLUB

Please state your previous Golf Club (If any) and reason for leaving...

REFERNCES AND NOTES

Payment Ref:
Other Notes:

RENEWAL AND STATEMENTS

Membership to be renewed by:	All monies will be returned if CPGC refuse the application
<i>I wish to become a member of CPGC on the above package</i>	

SIGNATURES

I understand my CPGC membership runs for a minimum of 12 full calendar months and cannot be cancelled within this period. Direct Debit payers must pay the remaining balance of the membership if the Direct Debit is cancelled early. I have read and accepted the terms and conditions.

Signature of applicant:	Date:
Signature of club representative:	Date: