



STAPLEFORD PARK

CORPORATE MEMBERSHIP APPLICATION

2017/2018

Number of Bearer Cards: _____

Company Information

Please fill all fields in BLOCK CAPITALS

Company Name: _____

Company Address: _____

Postcode: _____

Business Telephone: _____ Business Fax: _____

Company Registration No: _____

Company Contact Information

Please fill all fields in BLOCK CAPITALS

Title: *(please tick)* Mr. Mrs. Miss Ms. Dr. Other: *(please indicate)* _____

First Name: _____ Initial: _____

Surname: _____

Job Title: _____

Business Telephone: _____ Mobile Telephone: _____

Email: *(essential for member communication)*

Where did you hear about Stapleford Park? _____

Additional Information: _____



STAPLEFORD PARK

Method of Payment (please tick)

Debit Card Credit Card Cheque

Note

Credit Card payments incur a handling fee.

Assumption of Liability

It is understood that subject to the Rules and Regulations of Stapleford Park and those as may from time to time be enforced, the Club shall determine the Annual Subscription and Levy, which will be charged to all Members of the Club. Membership of Stapleford Park does not confer upon me/us any ownership of or liability for the property and assets owned by the Club. I agree that I am/we are personally liable for the full payment of the applicable Joining Fee, Annual Subscription and Levy and that I am/we are personally liable for the full payment of the Annual Subscription and Levy in any subsequent subscription period that I/we remain a Member of Stapleford Park. The annual subscription period runs from 1st April to 31st March.

As a Member, I/we agree to comply with and be bound by the Rules and Regulations and any other rules of Stapleford Park, as the same may from time to time be amended and for the time being be in force. Membership of Stapleford Park is subject to approval by the admissions committee.

Authorised Signatory: _____ Date: _____

Print Name: _____

Position: _____

For Club Use:

Company Name: _____

Total Joining Fee Due: _____

Total Annual Subscription Due: _____

Total Payment Due: _____

Employee Name: _____

Date: _____ Payment Taken: _____ Ref: _____