



STAPLEFORD PARK

INDIVIDUAL  
COUNTRY CLUB MEMBERSHIP APPLICATION  
2017/2018

**Member Information**

*Please fill all fields in BLOCK CAPITALS*

Title: (please tick)  Mr.  Mrs.  Miss  Ms.  Dr.  Other: (please indicate) \_\_\_\_\_

First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

Surname: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Mobile Telephone: \_\_\_\_\_

Business Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: (essential for member communication)

\_\_\_\_\_

**Children**

Name (s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name (s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name (s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name (s): \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Where did you hear about Stapleford Park? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



STAPLEFORD PARK

**Method of Payment** *(please tick)*

Debit Card  Credit Card  Cheque

Finance Option – Golf Plus Direct Agreement Number: \_\_\_\_\_

**Note**

*Credit Card payments can 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.

Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**For Club Use:**

Member Name: \_\_\_\_\_

Total Joining Fee Due: \_\_\_\_\_

Total Annual Subscription Due: \_\_\_\_\_

Total Payment Due: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Date: \_\_\_\_\_ Payment Taken: \_\_\_\_\_ Ref: \_\_\_\_\_