



STAPLEFORD PARK

MEMBERSHIP APPLICATION FORM

2018/2019

Membership Category *(please tick)*

Academy 5 Day Golf Golf Young Adult Golf Junior Golf

Individual Country Club Couples Country Club Country Club Taster

Young Adult Country Club Junior Country Club

Corporate

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)*

Partner Member Information *(applicable to Couples Country Club only)*

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: _____

Email: *(essential for member communication)*



STAPLEFORD PARK

Children (applicable to Country Club only)

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? _____

Method of Payment (please tick)

Debit Card Credit Card Cheque

Finance Option – Golf Plus Direct Agreement Number: _____

Assumption of Liability

The Club shall determine the Annual Subscription, 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 that I am/we are personally liable for the full payment of the Annual Subscription 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 any rules of Stapleford Park, as the same may from time to time be in place and for the time being be in force. Membership of Stapleford Park is subject to approval by the admissions committee.

Member 1 Signature: _____ Date: _____

Member 2 Signature: _____ Date: _____

For Club Use:

Member Names: _____

Total Joining Fee Due: _____

Total Annual Subscription Due: _____

Total Payment Due: _____

Employee Name: _____

Date: _____ Payment Taken: _____ Ref: _____



STAPLEFORD PARK

Communications Preferences

Stapleford Park Hotel would like to keep you informed about our developments, services and special offers. Please tick if you wish to receive information by: Post Email

We will never share your details with third parties for marketing purposes and you can withdraw your consent at any time.

Areas of interest:

- Country Pursuits
- Dining
- Family Events
- Golf
- Lifestyle Club and Spa
- Meetings and Events
- Membership
- Quarterly Newsletters
- Special Events
- Special Offers

Full name of member: _____

Signature: _____ Date: _____