



STAPLEFORD PARK

## MEMBERSHIP APPLICATION FORM 2019/2020

### Membership Category *(please tick)*

Individual Country Club  Couples Country Club  Golf

Young Adult Country Club  Junior Country Club  Corporate

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### 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 Address: \_\_\_\_\_

### 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 Address: \_\_\_\_\_



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)

Bank Transfer (if payment has been made please advise of date of transfer: \_\_\_\_\_)

Cheque

**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: \_\_\_\_\_

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**For Club Use:**

Member Names: \_\_\_\_\_

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

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

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

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



## STAPLEFORD PARK

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

### Communications Preferences

Stapleford Park Hotel would like to keep you informed about membership updates, 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 Updates / Information

Quarterly Newsletters

Special Events

Special Offers

Full name of member: \_\_\_\_\_

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