



CHIPSTEAD GOLF CLUB

MEMBERSHIP FORM

For the attention of the Director of Golf of Chipstead Golf Club Limited

Date of Application submitted:

I hereby agree, if accepted, to become a member of the said Club and to be bound by the Club Rules.

Signature:

PERSONAL DETAILS

Surname: Title: Mr/ Mrs / Ms / Miss / Other:

Forname (s):

Address:

..... Postcode:

Date of Birth:

Email:

Telephone: Mobile no:

Occupation:

Previous Golf Club:

Official CONGU Handicap:

Please state how your heard about the Club:

.....

If through a current member, his/her name:

My preferred membership category is:

If you would like to receive the club newsletter and course/competition updates, please tick to opt-in. Our Privacy Policy can be found on our website www.chipsteadgolf.co.uk/privacy-policy/. Please read it to access your data rights. Confirming your opt-in indicates that you have read and agree to our Privacy Policy.

Opt in:

Member No:

WWW.CHIPSTEADGOLF.CO.UK

Chipstead Golf Club Limited | Registered in England 11228048

Chipstead Golf Club, How Lane, Coulsdon, Surrey, CR5 3LN | T: 01737 555 781