



INGESTRE PARK GOLF CLUB

INGESTRE, STAFFORD ST18 ORE

Tel: 01889 270845

email: office@ingestregolf.co.uk

www.ingestregolf.co.uk.

APPLICATION FOR PLAYING MEMBERSHIP

Surname	Forename(s)
Title	Date of Birth
Private Address	Business Address
Tel:	Tel:
Date of Application	Profession
Email address:	

Full (7-Day) Membership 5-Day (Monday-Friday) Membership

Details of other Golf Membership (past and present)

Current Club Handicap:

I do/do not consent to my telephone number being published in the Club Diary.

Signed _____

Notes:

1. Acceptance of membership is deemed to indicate acceptance of the Club Rules and any alteration made there to in the future.
2. In order to be placed on the waiting list an applicant must pay the current Social Membership Fee, entitling them to Social Membership rights.

DATE FORM POSTED ON NOTICE BOARD _____