

MEMBERSHIP APPLICATION

Surname:
Mr / Mrs / Miss
First name.....
Joint applicant name:.....

Address
.....
.....
.....

Postcode

Daytime telephone
E Mail address:.....
Other memberships
Handicap (if applicable).....

Date/s of birth

I/We hereby apply for full/associate membership
Please delete as appropriate

Cheque enclosed for £
Payable to "The Park Golf Course"

I/We agree to abide by the rules of
THE PARK GOLF COURSE

Signature/s

Date

THE PARK GOLF COURSE
AVINGTON
WINCHESTER HANTS
SO21 1BZ

www.avingtongolf.co.uk
Clubhouse; 01962 779945 Office/Fax 01962
779955

All charges are inclusive of VAT