



Membership application form

Personal details

Title Mr Mrs Miss Ms Date _____

First name _____ Surname _____ DOB _____

Home address _____

Postcode _____

Telephone _____ Mobile _____

Email _____ Occupation _____

Do you hold a current AGU/WGA Handicap? Yes No

GolfLink number _____

Do you want Carrington Park Golf Club to be your home club? Yes No

Club name(s) of which you have been or currently are a member

Have you ever been refused membership of another Club? Yes No

PLEASE READ THIS AGREEMENT BEFORE SIGNING: I hereby agree to be bound by the Model Rules and support the purposes of the association of Carrington Park Club Inc. and to pay the annual golf subscription fee and other fees, levies and charges, if any, as they become due.

Applicant signature _____ Date _____