



For office use
Membership No : _____

Membership Application Form

Title: _____ Forenames: _____

Surname: _____

Address : _____

Town: _____ Post Code: _____

Home Tel: _____ Business Telephone: _____

Mobile: _____ Email: _____

Date of Birth: _____

Occupation: _____

Firm/Company: _____

Present Golf Club: _____ Current Handicap: _____

Previous Clubs and Duration _____

How long have you played golf? _____

Membership Type: (please circle)

7 Day 7 Day Joint 5 Day 5 Day Joint Intermediate Junior

Number of times played at Waterfront Golf: _____

Are you fully aware of the rules of golf and course etiquette? _____

Do you know anyone at Waterfront Golf? If so please state names:

How did you learn about Waterfront Golf? _____

I hereby apply for membership at Waterfront Golf Ltd. I agree to comply and abide by the club rules and terms and conditions of the membership (available on request), which may from time to time be amended or supplemented.

Signed: _____ Date: _____

Once we have received your application form and payment, you will receive your welcome pack and member bag tag and membership card. Waterfront Golf Ltd reserves the right to decline any applicant membership of the club without giving reason.