



# HEVER CASTLE GOLF CLUB



## Application for Membership

Reference:

### PERSONAL DETAILS:

TITLE & FIRST NAME: .....

SURNAME .....

ADDRESS: .....

.....

POST CODE: ..... TELEPHONE (DAYTIME): .....

TELEPHONE (EVENING): ..... MOBILE: .....

E-MAIL: .....

DATE OF BIRTH: ..... OCCUPATION: .....

### CATEGORY OF MEMBERSHIP *(please tick as appropriate)*

|                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| TRIAL                    | 7 DAY                    | JOINT                    | 5 DAY                    | JUNIOR                   | INT.                     | PRINCES                  | APPROACH                 |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

### HOW DID YOU HEAR ABOUT HEVER CASTLE GOLF CLUB?

|                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| WORD OF MOUTH            | POSTER                   | ADVERT                   | WEBSITE                  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

IF INTRODUCED BY ANOTHER MEMBER  
WRITE NAME HERE .....

### GOLF EXPERIENCE

OTHER CURRENT GOLF CLUB MEMBERSHIP .....

PREVIOUS GOLF CLUB MEMBERSHIP .....

SOCIETY GOLF .....

CURRENT HANDICAP ..... PREVIOUS HANDICAP .....

# MEMBERSHIP PAYMENT DETAILS

All new membership applications should be returned to:  
 The Membership Office, Hever Castle Golf Club,  
 Hever, Kent TN8 7NP  
Tel: 01732 701004 Fax: 01732 700775  
E-mail: pholder@hevercastlegolfclub.co.uk

| <u>CATEGORY</u> | <u>JOINING FEE</u> | <u>SUBSCRIPTION</u> | <u>INSURANCE</u><br>£10 pp | <u>UNION</u><br>Gents £10.50;<br>Ladies £16.70 | <u>TOTAL</u> |
|-----------------|--------------------|---------------------|----------------------------|--|--------------|
|                 |                    |                     |                            |  |              |
|                 |                    |                     |                            |  |              |
|                 |                    |                     |                            |  |              |
|                 |                    |                     | 2% CC Fee (if applicable)  |  |              |
|                 |                    |                     |                            | TOTAL PAYABLE                                  |              |

**PAYMENT GIVEN BY (PLEASE TICK)**

CHEQUE    
  CASH    
  DEBIT CARD    
  CREDIT CARD  
(2% Charge Applies)

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**Credit card details** (applicable for credit card payments only)

Type of Card    VISA / MASTERCARD / MAESTRO / ELECTRON (American Express not Accepted)

Cardholder Name

Card Number

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

Valid From Date (If Applicable)

Expiry Date

Verification Numbers

Issue Number (If Applicable)

I agree to the terms and conditions of membership set out therein.  
 I understand and accept that No Refunds will be given.

Signed ..... Date .....

*See payment details overleaf*