

KINGS HILL GOLF CLUB

Fortune Way, Discovery Drive, West Malling Kent ME19 4GF

Membership Application Form

Surname : _____ Forename _____

Address : _____

_____ Post code : _____

Tel Nos : Home _____ Mobile _____

Email address : _____

Occupation : _____ Date of Birth : _____ Male /Female

TYPE OF MEMBERSHIP REQUIRED

Full (Seven day) membership _____ Corporate membership _____

Midweek (Five day) membership _____ Junior membership _____

Three Day membership _____
(Mon, Tues & Wed only)

18 – 24 year old membership _____

GOLFING HISTORY

It is not a pre-quisite for membership at Kings Hill Golf Club to have a golf handicap. However, we would like to know a little of your golfing history. Therefore, please use the space below or the page overleaf to tell us more about yourself.

Please state how you heard of Kings Hill Golf Club _____

If you know of any friends or colleagues who may be interested in Kings Hill Golf Club, please give their names and addresses below and we will send them details.

I apply for membership and enclose payment to Kings Hill Golf Club. I agree to abide by the Club Rules and the terms and conditions of membership set out therein.

Signed _____ Date _____