



Traps Lane, New Malden, Surrey, KT3 4RS

Tel: 020 8942 0654

www.maldengolfclub.com

Email : admin@maldengolfclub.com

Category of Membership

Date applied

Name in full

Address

.....

Home Tel:

Mobile tel:

Email:

Occupation

Current Club H'cap.....

Proposer

Seconder

D.O.B

By applying for Membership of Malden Golf Club Members Limited I hereby give permission to opt in to receive all communications from Malden Golf Club and for my contact details to be published within the Members secure Hub.

Date.....

NOTE- The proposer will please state hereunder (a) that the candidate is a personal friend or acquaintance (b) and length of time known. The seconder to add a similar statement.

Any further remarks may be added for the committee's information

To the Board of Malden Golf Club Members Limited

Signature of Proposer.....

Signature of Seconder.....

Signature of applicant.....

By virtue of this application and once membership has been accepted I agree to be bound by both the Articles of Association and the Club Rules of Malden Golf Club Members Limited, and accept the liability inferred therein which is limited to the sum of £1.00 (one pound).