



Application for Membership

Cuckfield Golf Centre
Staplefield Road
Haywards Heath
RH17 5HY
www.cuckfieldgolf.co.uk

(PLEASE USE BLOCK CAPITALS)

Mr/Miss/Mrs/Ms or Title: _____ Gender: _____

Name: _____

Address: _____

Daytime Telephone Number: _____

Email Address: _____

Type of Membership: _____

Date Start: _____

Date of Birth: _____

Payment Type: Cash Card Other _____

Have you been/are a member at any other golf club? Yes No

Do you have a Handicap Index? Yes No

What is your CDH Number? _____ / Not Known

Which Golf Club is to be your Home Club for Handicap purposes?

_____ / Cuckfield Golf Centre

I agree to abide by the rules and conditions of membership, course etiquette and am aware that the data provided by me to Cuckfield Golf Centre may be shared with England Golf and confirm that I have received a copy of the England Golf Privacy Notice.

Signature: _____

For Office Use

Record Number on V1: _____

Date End: _____

Renewal Month on V1: _____

Member Added to EPOS Card Number: _____

Initial Bill Number on V1 Number: _____

Payment Received on: ____ / ____ / ____

Confirmation Email sent: _____

Payment Recorded on V1: ____ / ____ / ____