**BERRINGTON HALL GOLF CLUB**

**MEMBERSHIP APPLICATION FORM**

**REQUIRED INFORMATION: -**

NAME

ADDRESS

EMAIL:

PHONE NUMBER:

PREVIOUS CLUB:

HANDICAP:

CDH No:

GU FEE:

5/7 DAY :

PAYMENT PLAN:

Overall Cost:

Payment Breakdown:

Payment Type:

**DISCRETIONARY INFORMATION: -**

D.O.B.: OCCUPATION & PLACE OF WORK:

*By signing this agreement, I understand I am entering into a contract which runs between the date below and up to 31st March 2025. The amount of this membership, and therefore the binding amount of this contract, which I agree to pay, between now and 31st March 2025 is*

*£ which may be paid in equal instalments.*

*I further understand and agree that if I leave the Club, unless otherwise agreed in writing by the Club, before the 31st March 2025, the balance of any outstanding amount of this membership is still due to be paid, in full, and before 31st March 2025.*

*In any event this membership and term is offered to you is at the sole discretion of the Club and may immediately terminated by the Club upon notice.*

Signed

Date