



# LANGLEY PARK GOLF CLUB Ltd

## APPLICATION FOR MEMBERSHIP

Name in Full (Block letters please)

..... Title.....

Address.....

.....

.....

Telephone Number: Home .....

Mobile.....

E-mail address: .....

Profession or Occupation .....

Date of Birth .....

Category of Membership required: (please choose)

(7 Day Full / 6 Day / 5 Day / Country / Academy / Student / Junior / Social Non-playing)

Signature ..... Date .....

Please return this form to: The Club Office, Langley Park Golf Club, Barnfield Wood Rd,  
Beckenham Kent BR3 6SZ or email [admin@langleyparkgolf.co.uk](mailto:admin@langleyparkgolf.co.uk)

Thank you – one of our membership team will be in contact with you.