



CANTERBURY CROQUET CLUB

APPLICATION FORM FOR NEW MEMBERS

Name: _____

Address _____

_____ Post Code _____

Telephone No _____ Mobile telephone no. _____

E-mail address _____

Occupation _____

Have you played croquet before? Yes _____ No _____

If yes, and you have a handicap, please let us know what it is: Association _____ Golf _____

Are you a member of any other croquet club(s)? If so, which? _____

If not, have you been a member of any other clubs in the past? If so, which? _____

Are you a member of The Croquet Association? Yes _____ No _____

Please tick which class of membership you require? (Please see brochure for details of membership)

Full _____ Junior _____

Secondary _____ Non-playing _____

Winter _____

We will include your name, address, telephone and e-mail contact numbers in our list of members.

I wish to apply for membership of the Canterbury Croquet Club and agree to abide by the Club's rules and regulations.

Signed _____ Date _____

Approved on behalf of the Executive Committee _____ Date _____

You will be notified if your application is successful and will then be asked to send your cheque, payable to the Canterbury Croquet Club, to the Hon. Sec.

Sylvia Bowsher, Bonner's Field, Northbourne Road, Great Mongeham, Deal, CT14 0LD