

Roehampton Club
Roehampton Lane
London SW15 5LR

Membership Office 020 8480 4205
Club Reception 020 8480 4200



ADULT MEMBERSHIP APPLICATION

TITLE	FORENAME	SURNAME
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ADDRESS _____

_____ POSTCODE _____

DATE OF BIRTH _____ AGE _____

NATIONALITY _____ WORK TEL _____

HOME TEL _____ MOBILE _____

EMAIL _____

BUSINESS / PROFESSION _____

EDUCATED AT _____

CLUBS OF WHICH A MEMBER _____

PROPOSER _____ M'ship No _____ Signature _____

SECONDER _____ M'ship No _____ Signature _____

Please ensure your Proposer and Seconder sign this section and attach their supporting letters.

I agree to abide by the Rules of the Club and attach the non-refundable Registration Fee of £100 per adult. Cheques should be made payable to Roehampton Club Ltd.

APPLICANT'S SIGNATURE _____ DATE _____

Office Use: Membership No: _____

TITLE	FORENAME	SURNAME
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SPORTS & ACTIVITIES

Golf ▪ Tennis ▪ Squash ▪ Croquet ▪ Gym ▪ Swimming ▪ Bridge ▪ Chess ▪ Art

PLEASE SELECT YOUR PREFERRED CATEGORY OF MEMBERSHIP

- | | | | | |
|-----------------|-------------------------|-----------------|--------------------------------|--------------------------|
| FULL PLAYING | All Sports & Activities | Monday – Sunday | Handicap Requirements ** | <input type="checkbox"/> |
| RESTRICTED FULL | All Sports & Activities | Monday – Sunday | No Golf at weekends | <input type="checkbox"/> |
| TENNIS | All Sports & Activities | Monday – Sunday | No Golf at any time | <input type="checkbox"/> |
| FIVE DAY | All Sports & Activities | Monday – Sunday | No Golf and Tennis at weekends | <input type="checkbox"/> |
| OTHER SPORTS | All Sports & Activities | Monday – Sunday | No Golf and Tennis at any time | <input type="checkbox"/> |

****The golf handicap requirements for Full Playing membership are: Men 27 & below and Ladies 35 & below**

Current Golf Handicap _____ Home Club _____

FOR OFFICE USE

- | | | |
|--------------------------------------|--------------------------|--|
| DATE APPLICATION RECEIVED | <input type="checkbox"/> | |
| PROPOSER & SECONDER LETTERS ATTACHED | <input type="checkbox"/> | |
| REGISTRATION FEE RECEIVED | <input type="checkbox"/> | |
| REGISTRATION FEE BANKED | <input type="checkbox"/> | |
| DATE OF INTERVIEW | <input type="checkbox"/> | |
| SPONSORING DIRECTOR | <input type="checkbox"/> | |
| DIRECTOR SIGNATURE | <input type="checkbox"/> | |
| BOARD APPROVAL DATE | <input type="checkbox"/> | |
| DATE JOINED WAITING LIST | <input type="checkbox"/> | |
| DATE APPLICANT INFORMED | <input type="checkbox"/> | |
| DATE MEMBERSHIP COMMENCED | <input type="checkbox"/> | |
| MEMBERSHIP NO | <input type="checkbox"/> | |