

YOUR MEMBERSHIP

Foxhills

ENQUIRING?

Mr/Mrs/Miss:

First Name: Date of Birth

For couple / family membership only

Mr/Mrs/Miss:

Partner's Name: Date of Birth

Address:

Post Code:

Children's Names: Date Of Birth:

1

2

3

4

Have you been to the club before? yes no

If "yes": What was the occasion?

If "no": How did you hear about us?

If from a member, please name

Family Name:

Home Telephone:

Business Telephone:

Mobile Telephone:

Mobile Telephone (Partner):

Home E-mail:

Work E-mail:

Family E-mail:

Occupation:

Business Name:

Nationality:

What area of Foxhills interests you?

Is the membership for you, your family or company?

When are you looking to belong to Foxhills?

For office use only

Date: **Time:** **Your Name:**

JOINING?

Membership to start: 01 / / 20

Foxhills members are rewarded for introducing new members to their club.

Do you have any friends, family or colleagues who would enjoy membership at Foxhills?

Name: Contact:

Name: Contact:

Additional information required for Golf Applicants:

Current Handicap
supported by certificate or best estimate

Applicant:

Partner:

I accept that the decision of the Company in respect of this application is final and on acceptance will be subject to the rules and bye-laws of the club of which I have a copy and understand.

Signature:

Date:

Please indicate other Foxhills facilities in which you are interested:

Conferences: Accommodation: Golf Day: Attending a party:
Hosting a party: Weddings: Weekend Breaks:

If you do not wish Foxhills to use this data in any other marketing, by us or our partners, then please tick this box

JOINING

Category	Individual		Partner		18 - 25 yrs		Corporate		Nanny / Au Pair
	5	7	5	7	5	7	5	7	7
Foxhills Full	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Golf Only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Country Club	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Club	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academy	<input type="checkbox"/>								
Associate Golf	<input type="checkbox"/>		<input type="checkbox"/>						
Social	<input type="checkbox"/>		<input type="checkbox"/>						
Children									
0-2 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3-5 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Junior 6-17 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Junior Golf 8-17 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Full 12-17 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Shared address required for joint membership

18-25 years Date of Birth

Plus copy of either driving licence or passport

	Head	Partner	Child	Child	Child
Joining Fees	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Pro Rata subs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Total due				<input type="text"/>
Method of Payment (tick)	<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Debit Card	<input type="checkbox"/> Cheque	<input type="checkbox"/> Cash
Card number	<input type="text"/>				
Expiry date	<input type="text"/>		Start date	<input type="text"/>	
Last 3 digits on signature strip	<input type="text"/>				
Issue No.	<input type="text"/>				
Card holder's signature*	<input type="text"/>				

* This authorises payment as detailed above

Foxhills