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DELHI GOLF CLUB LTD.
 DR. ZAKIR HUSSAIN ROAD, NEW DELHI - 110 003
 Website : www.delhigolfclub.org

Please paste
the
Photograph
(Self)

Please paste
the
Photograph
(Spouse)

DETAILS OF MEMBER FOR ISSUE OF MEMBERSHIP(SWIPE) CARD

Membership No. _____ Type _____ Date of Birth _____ Date of Election _____

First Name _____ Middle Name _____

Last Name _____

Name of Father _____

Permanent Account Number (Compulsory) _____ Email _____

Address (Resi.) _____

Pin Code _____

Phones (Resi.) _____ Mobile No. _____ SMS Alert required **Yes/No**

Occupation _____ Designation _____

Address (Office) _____

Pin Code _____

Phones (Off.) _____ Fax (Off.) _____

Mailing Preference for Billing etc. : Home / Office



Specimen Signature of Member
(Please Sign with Black Ink Only)

DETAILS OF SPOUSE

First Name _____ Middle Name _____

Last Name _____

Date of Birth _____



Specimen Signature of Spouse
(Please Sign with Black Ink Only)

I _____ state that above is my Spouse and Spouse Card may be issued.
 (Full Name of Member)

Signature of Member

Note : Please attach 1 additional passport size photograph of self and spouse for issue of membership card.