



# DELHI GOLF CLUB LTD.

DR. ZAKIR HUSSAIN ROAD, NEW DELHI - 110 003

Please paste  
the  
Photograph  
(Self)

Please paste  
the  
Photograph  
(Spouse)

## DETAILS OF MEMBER

Membership No. \_\_\_\_\_ Type \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date of Election \_\_\_\_\_

Title : \_\_\_\_\_

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_

Last Name \_\_\_\_\_

Name of Father \_\_\_\_\_

Permanent Account Number (Compulsory) \_\_\_\_\_ Email \_\_\_\_\_

Address (Resi.) \_\_\_\_\_

Pin Code \_\_\_\_\_

Phones (Resi.) \_\_\_\_\_ Mobile No. \_\_\_\_\_ Fax (R) \_\_\_\_\_

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)