



**THE DELHI GOLF CLUB**  
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.**