



MEMBERSHIP APPLICATION FORM

Full Name (*BLOCK LETTERS*) _____ Date _____

Address _____

Profession or Occupation _____

Name of Company _____

Position Held _____

Contact Telephone No. _____ E-mail Address _____

Age _____ Date of Birth _____ Current Handicap _____

Names of Previous Club(s) _____

Type of Membership Required
(*Full, 5-day, Intermediate, Junior, Social*) _____

If elected to Membership I agree to be bound by the Rules and conditions under which the Club was formed.

Signature of Candidate: _____

PROPOSER: *I have been a Full Member of the Club for three years and wish to propose the above candidate for Membership and I attach a letter of introduction.*

Name (*BLOCK LETTERS*) _____ Signature _____

SECONDER: *I have been a Full Member of the Club for three years and wish to propose the above candidate for Membership and I attach a letter of introduction.*

Name (*BLOCK LETTERS*) _____ Signature _____

Date Received _____ Date Displayed on NB _____

Committee's Decision _____

Signature _____ Date _____