SELBY GOLF CLUB

MEMBERSHIP APPLICATION FORM

Date: _____

Type of membership: Full Playing Social

Name of applicant in full
(Mr/Mrs./Miss/Other) _____

Address _____

_____Postcode _____

Telephone No. Home _____ Business/Mobile No. _____

e-mail address _____

Date of Birth _____

Occupation _____

Has the applicant been a Member of any other Golf Club Yes / No

Please provide name of Club and handicap certificate _____

Central Database Handicap Number (CDH) _____

An Applicant must be Proposed and Seconded by Members of Selby Golf Club, who have been members for five years, and know the Applicant well. Both Proposer and Seconder will be responsible for the conduct, behaviour and etiquette of the Applicant for 12 months from the date of joining the Club and must ensure that the Applicant is aware of all Club Rules.

Proposer (Please print) _____

Seconder (Please print) _____

If you do not know anyone at Selby Golf Club and are therefore unable to obtain a Proposer and Seconder, as an alternative you can obtain a Letter of Introduction from your previous Club.

I agree to abide by the Rules and By-Laws & Articles of Association of Selby Golf Club.

Signed _____

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FOR OFFICE USE

Interview date and time _____