

PONTEFRAC T AND DISTRICT GOLF CLUB

MEMBERSHIP APPLICATION FORM

Name of Applicant (Mr./Mrs./Miss) _____

Address _____

_____ Post Code _____

Date of Application _____ Occupation _____

Tel. No. Home _____ Business _____

Date of Birth _____ Email _____

NATURE OF MEMBERSHIP APPLIED FOR (Delete types not applicable)

Gentleman Full Playing Lady Full Playing Member Country Member
Junior Member (16-17years) Juvenile Member under 16 years Intermediate (18 – 29 years)
Social Member

Is the applicant a member of any other Golf Club? YES/NO

If so, please state name of Club and handicap _____

Has the applicant previously been a member of any other Golf Club? YES/NO

If so, please give name of Club and last handicap _____

Central Database Handicap Number (CDH) _____

The PROPOSER and SECONDER of the Applicant must be fully acquainted with him/her and must when he/she is elected ensure that he/she is informed of the rules and etiquette of the Club and the Course and also introduce the new member to the officials of the Club and to the Professional. Your Proposer and Seconder must have been a member for at least three years.

Name of Proposer (**Print Please**) _____ Signature _____

Address _____ Post Code _____

Name of Seconder _____ Signature _____

Address _____ Post Code _____

Signature of Applicant _____