



APPLICATION FOR MEMBERSHIP.

(please complete in block capitals).

Membership Category applied for (please tick relevant box).

ADULT	7-Day	<input type="checkbox"/>	6-Day	<input type="checkbox"/>	5-Day	<input type="checkbox"/>	Intermediate 1	<input type="checkbox"/>	Intermediate 2	<input type="checkbox"/>
JUNIOR	Member	<input type="checkbox"/>					Intermediate 3	<input type="checkbox"/>		<input type="checkbox"/>
SOCIAL	Member	<input type="checkbox"/>								<input type="checkbox"/>
TRIAL	Member	<input type="checkbox"/>								<input type="checkbox"/>

FULL NAME _____

ADDRESS _____

POST CODE _____ TEL. NO. _____ MOBILE _____

E-MAIL _____ DATE OF BIRTH _____

OCCUPATION _____

PREVIOUS GOLF CLUB(S) _____

CURRENT HANDICAP _____

I being the candidate whose particulars are set out above, hereby apply for membership of Nelson Golf Club and agree, if elected, to be bound by the rules of the Club.

SIGNATURE _____ DATE _____

If you personally know 2 Full members of the Club who have been members for at least 12 months, they **must** complete the section below, if you do not, please submit the application form direct to the Business Manager.

“We the Proposer/Secunder hereby confirm that the candidate is personally known to us and is a suitable person to be elected as a member of Nelson Golf Club and I am satisfied that the above particulars are correct”.

PROPOSED BY	SECONDED BY
Name (Block capitals)	Name (Block capitals)
Signature	Signature

Contact Details: Business Manager – Mr Richard M. Lees.
Tel: 01282 611834. Fax: 01282 611834.
E-mail: secretary@nelsongolfclub.com