

HONITON GOLF CLUB

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Club House: Tel: 01404 47167
Caterer: Tel: 01404 47885



THE CLUBHOUSE
MIDDLEHILLS
HONITON
DEVON
EX14 9TR

CANDIDATES NOMINATION FORM

Date _____

Full Name (Block letters) _____

Address _____

_____ Post Code _____

Telephone No _____ Mobile _____

Date of Birth _____ E Mail _____

Profession _____

Previous Golf Club (if any) _____ SSS _____ H/cap _____

(A letter from club is required)

Name of Proposer _____ Signature _____

Name of Seconder _____ Signature _____

No candidate is eligible for election if under eighteen years,
except as a Junior Member.

I hereby apply for admission as a _____ member of Honiton Golf Club
and agree that, if elected, I will conform to and be bound by the Rules of the Club.

Usual signature of Candidate _____

NOTE: The Proposer and Seconder should know the candidate personally and must give
written recommendation on the reverse of this form.

PROPOSER

Signature _____

Date _____

SECONDER

Signature _____

Date _____