

Newcastle-under-Lyme Golf Ltd
Reg.Address:
Whitmore Road
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Staffordshire
St5 2QB
Co.Number 188624
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e-mail: info@newcastlegolfclub.co.uk



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Professional: 01782618526
Steward Tel: 01782 616583
Catering Tel: 01782 638838
Course Info: 0845 3304568

APPLICATION FOR FULL MEMBERSHIP

SURNAME: Mr/Mrs/Miss/Ms -----FORENAMES: -----

AGE: ----- DATE OF BIRTH: -----TEL NO: -----

MOBILE NO: ----- EMAIL ADDRESS: -----

ADDRESS: -----

OCCUPATION: -----

NAME OF EMPLOYER/BUSINESS: -----

ADDITIONAL INFORMATION (which you may wish to put forward to support your application)

I hereby apply to be admitted as a Member of Newcastle-under-Lyme Golf Club, and if elected undertake to take up one £1.00 share in the Newcastle under Lyme Golf Club Ltd. I further undertake that, if elected, I will at all times observe the Rules and Regulations of the Club as laid down for the good conduct, mutual benefit and enjoyment of the Members.

SIGNATURE: ----- DATE: -----

SPONSORS: - PLEASE PRINT

PROPOSER`S NAME * -----

SECONDER`S NAME* -----

*In accordance with the Rules of the Club, the application must be supported by a Proposer and Secunder. The Sponsor and Secunder shall have been Members of the Club for at least three years and are required to write separately to the Secretary/Manager in support for the application. The supporting letter must include information as to the length and nature of their acquaintance with the Applicant and such additional information and assurances as may be relevant to the suitability and character of the Applicant.

For office use only:

Date received: Date posted on notice board: Interview date: Accepted: Y / N