



# LARGS GOLF CLUB



## APPLICATION FOR MEMBERSHIP

TITLE:		FULL NAME:	
ADDRESS:			
POST CODE:			
OCCUPATION:		DATE OF BIRTH:	
HOME TELE.NO:		BUSINESS/MOBILE NO:	
EMAIL ADDRESS:			
PLEASE LIST THE MOST RECENT GOLF CLUB(S) WHERE YOU HAVE BEEN A MEMBER. IF APPROPRIATE A LETTER OF INTRODUCTION FROM YOUR CURRENT GOLF CLUB OR SOCIETY SHOULD ACCOMPANY THIS FORM.			
CURRENT HANDICAP:		PLEASE ENCLOSE A COPY OF A CURRENT HANDICAP CERTIFICATE OR, IF KNOWN, YOUR CDH (CENTRAL DATABASE OF HANDICAPS) NUMBER AS SHOWN ON YOUR HOWDIDDO RECORD.	
CERTIFICATE OF HANDICAP ENCLOSED <input type="checkbox"/>		(OR) CDH NUMBER <input type="text"/>	
If you have had a previous handicap, now lapsed, what was your last handicap and when did it expire?			
Handicap <input type="text"/>		Year expired <input type="text"/> (This will help us assess your new handicap)	
PLEASE INDICATE YOUR PROPOSED <b>HOME CLUB</b> :			
PLEASE INDICATE THE CLASS OF MEMBERSHIP FOR WHICH YOU WISH TO BE CONSIDERED:			
FULL		COUNTRY YOUTH JUNIOR SPONSORED CHILD	
CANDIDATE'S SIGNATURE:		DATE:	
<b>NOTE TO MEMBERS. YOU MUST BE A FULL MEMBER FOR AT LEAST 2 YEARS TO PROPOSE OR SECOND ANY APPLICANT.</b>			
PROPOSED BY:		SIGNATURE:	
SECONDED BY:		SIGNATURE:	
ALL APPLICANTS ( EXCLUDING APPLICATIONS FOR JUNIOR AND SPONSORED CHILD ) ARE REQUIRED TO PAY A £50 DEPOSIT. FOR SUCCESSFUL APPLICANTS THIS DEPOSIT WILL BE DEDUCTED FROM THE DEVELOPMENT FEE. APPLICANTS MAY BE INVITED TO ATTEND AN INTERVIEW.			