



RIPON CITY GOLF CLUB

APPLICATION FOR MEMBERSHIP

To: The Secretary

Date: _____

Please circle appropriate category:

FULL / COUNTRY / MID-WEEK / AGE 28-30 / AGE 25-27 / AGE 22-24 / AGE 18-21
AGE 16-17 / UNDER 16 / SOCIAL / ACADEMY / LIFESTYLE / COMMUNITY

Full Name: _____ Mr/Mrs/Miss
(Block Capitals)

Date of Birth: _____ Occupation: _____

Address: _____

_____ Post Code: _____

Telephone: (Home) _____ (Mobile): _____

E-mail: _____

Previous Golf Club Membership _____ Last Official Handicap _____

I hereby apply to become a member of Ripon City Golf Club and I agree, if successful, to be bound by the Rules of the Club.

Signature of Applicant Date

- Applicants for Country Membership must reside outside a radius of thirty miles of Ripon.
- Ripon City Golf Club cannot accept responsibility for damage to persons or property caused by individuals using the course or practice areas. Damage caused is the responsibility of the individual and applicants for membership are required to ensure that they are covered for third party liability on their household insurance or take out appropriate insurance.
- Members must acquaint themselves with the Rules and Bye-Laws of the Club, and also the notices from Committee displayed, and abide by these.
- Correct dress and footwear must be worn on the course and in the Clubhouse at all times.
- Those who have a handicap must provide a Handicap Certificate from their last Club, or their lifetime CDH ID number.
- Submission of this form does not entitle the prospective member to the privileges of the Club until notice of acceptance is given by the Secretary and then only after the Subscription and Entry Fee have been paid.