

This section, together with the application, should be forwarded by the applicant to their previous club for completion and return to the Manager of Radcliffe on Trent Golf Club.

NAME OF APPLICANT.....

THE ABOVE WAS A MEMBER AT.....GOLF CLUB

FROM: TO:

EXACT HANDICAP..... S.S.S..... CDH ID No.....

Details of any service on committees or other duties:

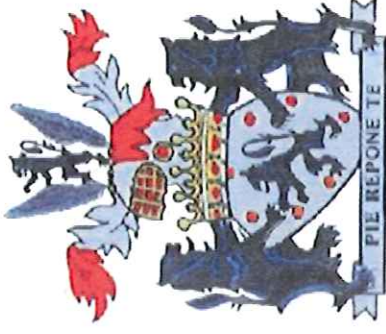
General comments and recommendations:

Signed, on behalf of..... GOLF CLUB

..... Position.....

Dated.....

This application is supported by the following members of Radcliffe on Trent Golf Club-



The Radcliffe on Trent Golf Club

Application for Membership

The Radcliffe on Trent Golf Club

To the Manager

I wish to become a member of The Radcliffe on Trent Golf Club in the category indicated below and agree, if elected, to be bound by the Rules and Regulations of the Club in force from time to time.

The Club year runs from 1st November to 31st October.

I understand and accept that should I wish to resign my membership for the following year I shall give notice to the Club in writing **prior to October 31st** and shall pay all monies due at the date of such notice otherwise I will be liable for the relevant membership subscription for the ensuing year.

I accept that any entrance fee due is payable in full should I resign within 3 years of becoming a member.

Signature of Applicant

Dated this day of 20.....
[a copy of this application will be returned to the applicant]

Membership requested: (please ring)- FULL: COUNTRY: SOCIAL

NAME IN FULL.....
(BLOCK LETTERS)

Main Residence.....

.....

..... POST CODE.....

Telephone Numbers:

Home.....

Business.....

Mobile

Email address

Occupation:..... Date of Birth

PROPOSER & SECONDER DETAILS

Members who wish to propose, or second, an applicant must comply with the following conditions:

- They must be full playing members of the club of at least 2 years standing
- They must have known the applicant for at least 2 years
- If the applicant is a beginner at golf they must supervise their introduction to competitive play and ensure that they are made familiar with golf etiquette and do not inconvenience other members and competitors.

WE HAVE UNDERSTOOD AND AGREE TO COMPLY WITH THESE CONDITIONS.

SIGNATURE OF PROPOSER

PLEASE PRINT NAME Years Known

SIGNATURE OF SECONDER.....

PLEASE PRINT NAME Years Known

APPLICANT'S GOLF INFORMATION

- Length of time playing Golf
- Names of former Golf Clubs where membership held:
- Exact Handicap..... S.S.S. CDH ID No
- Have you served on a Golf Club committee? Yes / No
If so, in what capacity and where?
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- Have you any close family at Radcliffe on Trent Golf Club? Yes / No
If so, please state names
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- Have you been a member of Radcliffe on Trent Golf Club before? Yes / No
If so, when?
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