



**SCARCROFT GOLF CLUB**

**MEMBERSHIP APPLICATION FORM**

I apply to become a Member of Scarcroft Golf Club (please circle the appropriate category).

Full, Intermediate 18/20, 21/24, 25/29, 30/39, Junior, Country, Five Day, Social.

I undertake, if so elected, to conform with the Rules and Bye-Laws of the Club.

Full Name : .....

Home Address : .....

.....

.....

Home Telephone No : .....

Office Telephone No : .....

Mobile Telephone No : .....

E-mail address : .....

Profession/Occupation : .....

Date of Birth : .....

Other Golf Clubs (if any) : .....

Previous Golf Clubs (if any) : .....

Handicap : .....

(Signature) ..... Dated : .....

My Proposer and Seconder are:

Proposer : .....

Seconder : .....

Names of other Members of Scarcroft Golf club known to me are:

.....

How did you hear about Scarcroft Golf Club (please tick the appropriate response)

Membership Leaflet

Word of Mouth

Existing Members Invitation

Our Website

Other websites such as England Golf

Other – please give brief details



**TO BE COMPLETED BY THE PROPOSER AND SECONDER**

The following information is required by the committee in connection with the application for membership by;

NAME.....

ADDRESS.....

.....  
.....  
.....

How long have you known them?.....

What is their business or profession, including name of company/ firm?

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Do you consider them to be suitable for membership in every respect?

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Please give any information you think may be of guidance to the Committee in considering this application.

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If the applicant is elected as a member, we will use our best endeavours to help them in establishing themselves as a member of the club.

Proposer.....

Secunder.....

Date.....