Application for Membership - Elland Golf Club

I desire to become a FULL/SOCIAL/CLUBHOUSE SOCIAL/JUNIOR/COUNTRY* member of the Elland Golf Club and I hereby agree, if elected, to become a member of the said club and to be bound by the rules and regulations of the club. *Delete as appropriate

THE FOLLOWING PARTICULARS ARE CORRECT

Surname		Title	
Forenames			
Address			
Post Code		Tel No (incl STD)	
E-Mail Address (if applicable	e)		
Rank, Profession or Occupa	tion		
Date of Birth			
Of what golf clubs have you	been a membe	er and when	
Present Handicap		Lowest ever Handicap	
Signature		Date:	
Proposer and Seconder			
The above named candidate person to be elected a mem			pelieve him/her to be a suitable
Signed	(Proposer)	Print Name	
SignedInternal Use Only	•	Print Name	
Displayed:	Committee:		Ack:
Waiting List: Yes/No	Interview:		Offered:
Subscription:	Card:		Paid [.]