



The Hartlepool Golf Club Ltd.

Registered Office: Hart Warren, Hartlepool, TS24 9QF

Tel: (01429) 274398

Fax: (01429) 274129

www.hartlepoolgolfclub.co.uk

Club Manager: Graham Laidlaw

MEMBERSHIP APPLICATION FORM

Title (Mr/Mrs/Miss)..... Surname.....

Christian Name/s.....

Address.....

..... Post Code.....

Date of Birth:..... Email address.....

Telephone No; (Home).....(Business).....

Occupation.....

Membership of other Clubs.....Current Handicap.....

I apply to be considered for membership of Hartlepool Golf Club Ltd

Category: - Full Playing Member/Dual & Country/
Junior (Male) 18 – 20/Junior (Male 8-17)/Junior (Female) 18-20/
Junior (Female) 8-17/Social.

Signed:.....

Proposer

The Applicant is well known to me and I can verify the particulars given. I have known the application for years and I have been a member of Hartlepool Golf club for years. (Proposer must have been a member for at least 2 years to sign).

Signed.....**Print Name**.....

Secunder

The Applicant is well known to me and I can verify the particulars given. I have known the applicant for Years and I have been a member of Hartlepool Golf Club for years (Secunder must have been a member for at least 2 years).

Signed:.....**Print Name**.....

FOR OFFICE USE ONLY:

DATE APPLICATION RECEIVED.....ACCEPTED AT MEETING ON.....

DATE OFFER LETTER SENT.....SUBSCRIPTIONS RECEIVED.....