



Scraptoft Golf Club
 Beeby Road
 Scraptoft
 Leicestershire
 LE7 9SJ

0116 241 9000

enquires@scraptoftgolfclub.co.uk

Applicant Details

Surname		Title
Forename(s)		
Address		
Post Code	Date Of Birth	
Home Phone	Mobile	
Email		
Previous Club	Current Handicap	Best Handicap
How Did You Hear About Scraptoft Golf Club?		

Membership Category

Full 7 Day	6 Day	5 Day	Country & Overseas	Over 80 Years (7 Day)	Age 24 & under 30
Age 22 & Under 24	Age 20 & Under 22	Age 18 & Under 20	5 Day Corporate	Junior (under 18 years) *	

Declaration

Signature Of Applicant		Date
<p>I wish to apply for membership of Scraptoft Golf Club and hereby agree at all times to conform to the rules as prescribed by the Club Rules and Bye Laws of the Club. I will be registered on the Club's website and provided with a password upon acceptance.</p>		
<p>* Junior Applicant's Only</p> Parent / Guardian Signature		
<p>I agree that my child may apply for membership of Scraptoft Golf Club and will ensure that he understands and respects the Club Rules and Bye Laws of the Club at all times.</p>		
Emergency Contact Number	Name	Relationship



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Signature Of Proposer		Date
I _____ being a member of Scraptoft Golf Club wish to propose the applicant for membership. I have known the applicant personally for _____ years.		
Signature Of Seconder		Date
I _____ being a member of Scraptoft Golf Club wish to second the applicant for membership. I have known the applicant personally for _____ years.		
<i>For Office use only</i>	<i>Date received;</i>	<i>Received by;</i>

