**[GOLF CLUB NAME]**

**MEMBERSHIP APPLICATION FORM**

**PLEASE COMPLETE IN BLOCK LETTERS ONLY**

**1. PERSONAL INFORMATION**

Title: □ Mr. □ Mrs. □ Ms. □ Dr. □ Prof. □ Other\_\_\_\_\_\_\_\_

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Residential Address:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information:

Home Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mobile: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. GOLF EXPERIENCE**

Current Handicap: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Previous Club (if any): \_\_\_\_\_\_\_\_\_\_\_\_

Years of Playing Golf: \_\_\_\_\_\_\_\_\_\_\_\_

**3. MEMBERSHIP CATEGORY**

Please select desired membership type:

□ Full Member

□ Weekday Member

□ Corporate Member

□ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**4. PROPOSER'S DECLARATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, being a member of the Club for not less than two consecutive years, propose the above candidate for membership. I have known the candidate for \_\_\_\_ years and believe them to be a suitable person for membership.

Proposer's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**5. DECLARATION**

I hereby declare that:

1. All information provided in this application is true and correct.

2. I agree to abide by the Club's constitution, rules, and by-laws.

3. I understand the registration fee of [AMOUNT] is non-refundable.

4. Annual subscription fees are due by [DATE] each year.

Applicant's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**FOR OFFICE USE ONLY**

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| --- | --- |
| Application Received Date: | \_\_\_\_/\_\_\_\_/\_\_\_\_ |
| Processed By: |  |
| Membership Number: |  |
| Approval Status: | □ Approved □ Rejected |