

TEESSIDE GOLF CLUB

APPLICATION FOR MEMBERSHIP

TYPE OF MEMBERSHIP REQUIRED FULL/JUNIOR/SOCIAL

SURNAME.....MR/MRS/MISS

CHRISTIAN NAMES.....

ADDRESS.....

.....

POST CODE..... TEL.....

DATE OF BIRTH.....

OCCUPATION.....

HAVE YOU EVER BEEN A MEMBER OF ANY GOLF CLUB
INCLUDING TEESSIDE OR ANY GOLF SOCIETY? YES/NO

IF YES, PLEASE INDICATE CLUB AND HANDICAP ACHIEVED

.....

ARE YOU ON THE WAITING LIST OF ANY OTHER CLUB? YES/NO

NAME OF PROPOSER or 1st REFEREE (CAPITALS).....

CONTACT No.....

SIGNATURE OF PROPOSER.....

HOW LONG HAVE YOU KNOWN THE APPLICANT.....

DATE.....

NAME OF SECONDER or 2nd REFEREE (CAPITALS).....

CONTACT No.....

SIGNATURE OF SECONDER.....

DATE.....

THIS FORM SHOULD BE SENT OR HANDED TO THE SECRETARY.

PROPOSER AND SECONDER MUST BE FULL MEMBERS AND HAVE BEEN FULL MEMBERS FOR AT LEAST TWO YEARS. REFEREES SHOULD HAVE KNOWN THE APPLICANT FOR A MINIMUM OF 2 YEARS.