



Whitehead Golf Club APPLICATION FOR MEMBERSHIP



Applicant's Full Name (BLOCK CAPITALS)

Address Tel N°

..... Tel N° Business

..... Post Code..... DoB

Circle Class of Membership FULL 5 DAY LADY JUNIOR HOUSE

Previous Golf or other Clubs Handicap

Applicant's Signature..... Date.....

- * The above named applicant is known to me and I recommend Him/Her for Membership of Whitehead Golf Club
- * I am willing to be contacted by a member of the Club Executive

Signature of Proposer* Date.....

Full Name (BLOCK CAPITALS)

Signature of Secunder* Date.....

Full Name (BLOCK CAPITALS)

EXTRACT FROM CLUB RULE N° 7 (ELECTION OF MEMBERS)

Each candidate for admission shall be proposed by one Life or Ordinary Member of the Club of at least 5 years continuous standing and seconded by another similarly qualified

Phone Number of Proposer.....