

Ashton & Lea Golf Club Limited

General Manager:

Mr Simon Plumb

Tel: 01772 735282

Fax: 01772 735762

APPLICATION FOR MEMBERSHIP

(Please complete in block capitals)

Membership Category applied for (please tick relevant box)

Full Member	<input type="checkbox"/>	Junior	<input type="checkbox"/>	Provisional (Country)	<input type="checkbox"/>
Student	<input type="checkbox"/>	Provisional (House/Joint)	<input type="checkbox"/>	Provisional (House)	<input type="checkbox"/>

FULL NAME _____

ADDRESS _____

POSTCODE _____ DATE OF BIRTH _____

HOME TEL _____ WORK TEL _____

MOBILE TEL _____ EMAIL _____

OCCUPATION _____

PREVIOUS GOLF CLUB _____

CURRENT HANDICAP _____

I being the candidate whose particulars are set out above, hereby, apply for membership of Ashton & Lea Golf Club Limited and agree if elected, to be bound by the Rules of the Club and the Memorandum and Articles of the Association.

SIGNATURE _____ DATE _____

We the PROPOSERS who have been Full Members of the Club for at least 12 months each hereby confirm that:- "The Candidate is personally known to me and is a suitable person to be elected a Member of Ashton & Lea Golf Club and I am satisfied the above particulars are correct".

PROPOSED BY	SECONDED BY
Name (block capitals)	Name (block capitals)
Signature	Signature

Approved by Directors: Signed _____ Date _____

Approved by Interviewer: _____ Date _____

If you do not wish Ashton & Lea Golf Club to pass your details onto other members of the golf club please tick here