LEYLAND GOLF CLUB
APPLICATION FOR SOCIAL MEMBERSHIP

Title Mr/Mrs/Miss/Ms Surname…….First Names……...

Address…….

…….Post Code…….

Occupation……..Date of Birth…….

Home Telephone No……...Work Telephone No…….

Mobile Telephone No……..E-Mail Address……

Date of Application…….Single/Joint Membership..……...

Have you previously been a member of Leyland Golf Club YES/NO

If Yes What Date From……...to…….

Are you related to a Leyland Golf Club Member? YES/NO

If yes Name of Member…….Relationship……...

I HEREBY AGREE TO ABIDE BY THE PRESENT AND FUTURE RULES OF LEYLAND GOLF CLUB

Signature of Applicant……...Date…….

COMPLETED FORMS AND DEPOSIT TO BE RETURNED TO THE CLUB SECRETARY

Proposer and Seconder must be voting members of 24 months standing

Proposer: Name……..Signature……..

Seconder: Name…….Signature……..

ANY OTHER COMMENTS WITH REGARD TO THIS APPLICATION

For Office Use

Date Deposit Paid…… Amount……..

Date Approved by Members From……...To…….

Approved by Management Committee YES/NO Date Approved……

Date Paid…….