



# LETCHWORTH GOLF CLUB

## Application for Membership

### INFORMATION ABOUT YOURSELF

NAME (block letters): ..... TITLE: .....

PERMANENT ADDRESS: .....

.....

..... POST CODE: .....

DATE OF BIRTH: ..... OCCUPATION: .....

EMAIL ADDRESS: .....

TELEPHONE: ..... HOME: .....

BUSINESS: .....

MOBILE: .....

NAME OF PREVIOUS GOLF CLUB MEMBERSHIP: .....

DATES AND CLASS OF MEMBERSHIP: .....

INDICATE ANY POSITIONS HELD: .....

LAST AUTHENTICATED HANDICAP AND DATE: .....

CLASS OF MEMBERSHIP REQUIRED: .....

APPLICANT SIGNATURE: ..... DATE: .....

REFERRED BY - NAME ..... SIGNED: ..... DATE: .....

PROPOSED BY - NAME ..... SIGNED: ..... DATE: .....

SECONDED BY - NAME: ..... SIGNED: ..... DATE: .....

INTERVIEWED BY 1) ..... DATE: .....

INTERVIEWED BY 2) ..... DATE: .....

NOTE: The applicant must be proposed and seconded by full members of the Club