

TIVERTON GOLF CLUB

MEMBERSHIP APPLICATION FORM

1 PERSONAL

NAME (Full)

ADDRESS

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POST CODE TELEPHONE: Home Business

HOW LONG AT ABOVE ADDRESS Years Months Occupation

PREVIOUS ADDRESS/ES IF LESS THAN FIVE YEARS

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DATE OF BIRTH

Do you have close relatives who are members of Tiverton Golf Club? Yes/No

If yes, name of member and relationship

Are you an existing/previous member of Tiverton Golf Club? Yes/No

If yes, please give category and dates of membership

2 GOLF

Previous or other Clubs of which you have been a Full Playing Member

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Letter of Introduction (if you are applying without a proposer and seconder) Yes/No

Lowest Previous Handicap Present Handicap (enclose certificate)

Have you rendered services to the game of golf? Please give details

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3 APPLICATION

I apply to become a member, and if elected, I promise to abide by the Rules, Byelaws and Procedures of the Club.

Signed:

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Application Proposed by:

Print Name Signed

I confirm that I have been an Ordinary member for a period of two years, and I have known the applicant personally for a period of (minimum two years) Years Months

Application Seconded by:

Print Name Signed

I confirm that I have been an Ordinary member for a period of two years, and I have known the applicant personally for a period of (minimum two years) Years Months