



BIRSTALL GOLF CLUB

Application for

Full Playing Male/Full Playing Lady/Junior/House Membership

(please signal which category applied for)

I, the undersigned, wish to become a Member of Birstall Golf Club and agree to abide by the rules & Bye-laws of the Club if elected.

FULL NAME

ADDRESS

POSTCODE

TEL.NO (Home) (Mobile)

DATE OF BIRTH EMAIL ADDRESS

MEMBERSHIP OF OTHER GOLF CLUBS (if any)

OFFICIAL HANIDCAP (if any)

I understand that should my application be unsuccessful, there will be no obligation upon the Club to give an explanation.

SIGNATURE OF CANDIDATEDATE.....

Once completed, please forward this form to **The Secretary, Birstall Golf Club, Station Road, Birstall, Leicester LE3 4BB.**

This application form will be displayed in the clubhouse for one week and candidates for membership will be interviewed by the club as soon as possible after this.

PROPOSER: SECONDER:

Print: Print:

| | | |
|--------------|------------------------|-------------------|
| Notice Board | Date/time of interview | Council Approved. |
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