



## WEST BYFLEET GOLF CLUB

### MEMBERSHIP APPLICATION FORM

I, the undersigned, hereby request you to enter my name as a candidate for membership of West Byfleet Golf Club and agree, if elected, to pay to you the entrance fee and subscription for the time being payable by me as a member, in accordance with the Articles and Bye-laws of the Club and to observe and be bound by the said Articles and Bye-laws generally.

**Please tick which category you wish to apply for:**

7 Day ☐ 5 Day ☐ Intermediate ☐ Junior ☐ Social ☐

FULL NAME (in block capitals): .....

Current clubs (Golf, societies or otherwise): .....

Which golf club would be your home club for handicap purposes? .....

Previous clubs (Golf, societies or otherwise): .....

Have you ever been refused membership or asked to resign from any club? .....

Current Handicap: .....

CDH Lifetime ID No:

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How did you hear about us? .....

Any other supplementary details you may consider informative: .....

**Your Proposer and Seconder must each be a current adult playing member of West Byfleet Golf Club, of at least six months standing. If you are unable to provide a Proposer or Seconder, the club can, in exceptional circumstances, accept or assist with an application for those moving from far away. If this is the case, then please submit your application, with a note describing your circumstances to the Membership Secretary.**

### Proposer details:

Name .....

### Seconder details:

Name .....

APPLICANT'S SIGNATURE: ..... DATE: ...../...../.....

**The Articles of the Club require the name of every candidate, and the names of any proposer and seconder, to be posted in a conspicuous place in the Clubhouse. The above information will therefore be published on the Club noticeboard.**

Please provide the information below, which is for office use only and will not be posted in the clubhouse. All information is held securely in accordance with GDPR legislation.

## **Candidate's personal information:**

CONTACT NUMBERS: (Home): ..... (Mobile): .....

E-MAIL ADDRESS: .....

DATE OF BIRTH: ...../...../.....

ADDRESS: .....

..... Post Code: .....

Profession/Occupation: .....

Do you have family connections to existing adult members (Y / N). Name ..... Relationship .....

## **Proposer and Secunder to complete this section.**

As Proposer/Secunder for the candidate, please provide some further information as to why you believe they should receive membership, e.g., how long have you known them, played golf with them, etc.

Proposers and Secunders must also read and understand the responsibilities document, required to propose a candidate for membership. A copy can be requested from the Membership Secretary or downloaded from the club website.

**Proposer:** I ....., (an adult playing member at West Byfleet Golf Club for at least six months), am happy to Propose the applicant for membership of the club, for the following reasons:

**Signed:** ..... **Date:** .....

**Secunder:** I ....., (an adult playing member at West Byfleet Golf Club for at least six months), am happy to Second the applicant for membership of the club, for the following reasons:

**Signed:** ..... **Date:** .....

For Office use only. This section to be completed by the Membership Secretary.

Date application received ...../...../..... Date application accepted ...../...../.....

Signed .....