



# WEST BYFLEET GOLF CLUB

## MEMBERSHIP APPLICATION FORM

I, the undersigned, hereby request you to enter my name as an applicant 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  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): .....

Current Handicap Index: .....

CDH Lifetime ID No:

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

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

WBGC Member's Name ..... Relationship .....

From the list below, please mark those activities/facilities offered by WBGC which interest you most:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Friendly Games        | <input type="checkbox"/> Social Events           | <input type="checkbox"/> Bar                       |
| <input type="checkbox"/> Roll-ups              | <input type="checkbox"/> Qualifying competitions | <input type="checkbox"/> Catering                  |
| <input type="checkbox"/> Friendly matches      | <input type="checkbox"/> Club Knockouts          | <input type="checkbox"/> Inter-club League Matches |
| <input type="checkbox"/> Lessons with Pro shop | <input type="checkbox"/> Bringing visitors       |  |

**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 may be able to assist with your application. 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 applicant, and the names of any Proposer and Seconder, to be posted in a conspicuous place in the Clubhouse. The applicant acknowledges, by signing this application form, that it is a condition of their application to the Club that their name and above information will be published on the Club noticeboard for a period of 7 days prior to interview.**

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.

**Applicant's personal information:**

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

EMAIL ADDRESS: .....

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

ADDRESS:  
.....

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

PROFESSION/OCCUPATION:  
.....

**Golfing career (eg. playing ability, handicap) and reasons for choosing to join West Byfleet**

**Career / working life /education (if appropriate)**

**Other personal information (family, others sports club memberships, other interests)**

