

LITTLESTONE GOLF CLUB

APPLICATION FOR MEMBERSHIP

FULL NAME OF APPLICANT.....
(Block Capitals, please)

HOME ADDRESS,
.....Post Code.....

Home Tel No..... Mobile/Bus.....E-mail.....

Local Address (If applicable).....

Date of Birth.....Occupation/Profession.....

Employer.....

Previous/Current Golf Club (If any).....

When did you commence playing golf.....?

Current official handicap..... Lowest handicap held.....

*NAME OF PROPOSER.....SIGNATURE.....
(Capitals)

*NAME OF SECONDER.....SIGNATURE.....
(Capitals)

**** NOT REQUIRED IF APPLYING FOR TEMPORARY MEMBERSHIP***

Other members of Club with whom the applicant has played at Littlestone recently:

(1).....SIGNATURE.....

(2).....SIGNATURE.....

Details of members of family who are already members of the Club

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CATEGORY OF MEMBERSHIP APPLIED FOR:

Full..... Country 5 Day Age Group 18-22..... Junior Social

Overseas Weekend** Country 2nd Club** Winter**

***** Associate Membership Categories***

FOR OFFICE USE ONLY: Received in Office..... Posted

Interview Elected