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BIRSTALL GOLF CLUB

MEMBERSHIP APPLICATION FORM

Contact: Mandy Riley (Club Secretary)
Email: secretary@birstallgolfclub.co.uk
Tel: 0116 267 5245

Birstall Golf Club
Station Road | Birstall | Leicester | LE4 3BB
www.birstallgolfclub.co.uk

Please Select:

Full Player / 6 Day / 5 Day / 19-25 / 26-29 / Junior / FTE Student / Social / Country & Clerical

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

Name	
Address	
Email	
Occupation	Date of Birth
Home No.	Mobile No.

Membership of other Golf Club (if any)	
Official Handicap (if any)	Certificate Attached?
CDH No. (if known)	

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

Candidates Signature _____ Date _____

Your Proposer & Seconder must have been full members of the Club for at least two years.

Proposers Signature _____ Print Name _____

Seconders Signature _____ Print Name _____

The above applicant has been personally known to us for at least 2 years, and is in our opinion a suitable candidate for membership.

Notice Board	Date/time of Interview	Council Approved
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BIRSTALL GOLF CLUB

PROPOSERS FORM

Name of Candidate Mr/Mrs/Miss/Ms _____

The Club Council require you as PROPOSER of the above named applicant to kindly answer the questions below and return this form to the Secretary.

The Club Council wish to impress upon you that you have the responsibility of ensuring that the candidate is of good character.

Approximately how many years have you know the applicant? _____ years.

Both Proposer & Seconder must have been full members of the Club for at least two years.

How often do you meet? _____

What is the applicants occupation? _____

What is the applicants business address? _____

Are you satisfied that the applicant is of good character and is a suitable candidate for membership?

YES

NO

Will you accept the responsibility for his/her conduct whilst he/she remains a member of the Club?

Please give any further information which you think may be helpful to the Committee in reaching their decision

Signature of Proposer _____ Print Name _____

BIRSTALL GOLF CLUB

SECONDER'S FORM

Name of Candidate Mr/Mrs/Miss/Ms _____

The Club Council require you as SECONDER of the above named applicant to kindly answer the questions below and return this form to the Secretary.

The Club Council wish to impress upon you that you have the responsibility of ensuring that the candidate is of good character.

Approximately how many years have you known the applicant? _____ years.

Both Proposer & Seconder must have been full members of the Club for at least two years.

How often do you meet? _____

What is the applicant's occupation? _____

What is the applicant's business address? _____

Are you satisfied that the applicant is of good character and is a suitable candidate for membership?

YES

NO

Will you accept the responsibility for his/her conduct whilst he/she remains a member of the Club?

Please give any further information which you think may be helpful to the Committee in reaching their decision

Signature of Seconder _____ Print Name _____