

ALTRINCHAM GOLF CLUB
Application for Membership of the Club (DGB2004)

Surname _____ (PLEASE PRINT ALL ENTRIES CLEARLY IN INK)

Forenames _____

Address _____

Post Code: _____

Tel: _____

E-mail Address _____

Profession _____ D.O.B (U/18 only) _____

Previous Golfing Experience

| Club | Dates | Best H/Cap |
|------|-------|------------|
|------|-------|------------|

Society

PROPOSER _____ SECONDER _____

APPLICANT:- I wish to become a member of the Altrincham Golf Club, and if elected, pledge myself to take no action or make any statements which may be detrimental to the interests or aims of the Golf Club and its members.

I will abide by the bye-laws of the Golf Club, give it my full support and observe the rules, etiquette and traditions of the game of golf on and off the course. **I understand that my name and address will be kept on the club computer and have no objection to it being so recorded.**

SIGNATURE _____

The proposer and seconder should know the applicant personally and be prepared to support and vouch for him. They will be expected to acquaint the applicant with the procedures and aims of the club and to attend any election meeting to which the applicant may be invited.

All members and applicants must wear a jacket and tie when attending such meetings.

For Official Use

Date Posted _____ Meeting date _____ Date Notified _____