

# ALTRINCHAM GOLF CLUB

## Application for Membership of the Club

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
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Society

_____	_____	_____
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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 \_\_\_\_\_

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

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For Official Use

Date Posted \_\_\_\_\_ Meeting date \_\_\_\_\_ Date Notified \_\_\_\_\_