Application for Membership - Elland Golf Club

I desire to become a FULL/SOCIAL WITH GOLF/CLUBHOUSE SOCIAL/JUNIOR/COUNTRY* member of the Elland Golf Club and I hereby agree, if elected, to become a member of the said club and to be bound by the rules and regulations of the club. *Delete as appropriate

THE FOLLOWING PARTICULARS ARE CORRECT

Surname	Title
Forenames	
Address	
Post Code	Tel No (incl STD)
E-Mail Address (if applical	le)
Rank, Profession or Occu	pation
Date of Birth	
	u been a member and when
	Lowest ever Handicap
Signature	
Proposer and Seconder	
	ite is personally known to us, and we believe him/her to be a suitable mber of the Elland Golf Club.
Signed	(Proposer) Print Name
	(Seconder) Print Name
Internal Use Only	
Displayed	Committee Ack
Waiting List: Yes/No	InterviewOffered
Subscription	Card Paid

Elland Golf Club, Hammerstone Leach Lane, Elland, HX5 0TA, Telephone: 01422 372505