

Cleckheaton & District Golf Club Limited Membership Application

I wish	to apply for the following Mem	bership (pleas	se tick where applicable).
	Ordinary Full Playing		Country
	5-Day		Distance Member
	5-Day+		Social
	Associate (19-28 years)		999 Member
	Junior (up to 18 years)	(Associate (19-21) In full time education
	Partner Member		Corporate Membership
If elected to be a Member of the Cleckheaton and District Golf Club Ltd, I hereby agree, to be bound by the memorandum and Articles of Association and Bye Laws of the Club. The following particulars are correct (CAPITALS PLEASE) Full Name of Candidate or Business			
Home	Address	$_{f L}$	Je 42 / -41/
Occupation & Business Address			
Telepl	none Number (Home)	5	Mobile
Email	Address		The man ()
Date o	of Birth		
List past or current Golf Club or Sports Club (if any), your Handicap and the Type of Membership			
Candi	date's Signature		Date
The above person has been known to me personally for years and I believe he/she to be a suitable person for election as a Member of the above Club. In signing this proposal, I accept some responsibility for the good behaviour of the above person, both on the Course and in the Clubhouse. Name of Proposer (IN CAPITALS)			
	ser's Signature	a paragally	for your and Undigon ha/sha to be a quitable person for
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Name of Seconder (IN CAPITALS)			
Secon	der's Signature		