



Cleckheaton & District Golf Club Limited Membership Application

I wish to apply for the following Membership (please tick where applicable)

- | | |
|--|---|
| <input type="checkbox"/> Ordinary Full Playing | <input type="checkbox"/> Country |
| <input type="checkbox"/> 5-Day | <input type="checkbox"/> Distance Member |
| <input type="checkbox"/> 5-Day+ | <input type="checkbox"/> Social |
| <input type="checkbox"/> Associate (19-28 years) | <input type="checkbox"/> 999 Member |
| <input type="checkbox"/> Junior (up to 18 years) | <input type="checkbox"/> Associate (19-21) In full time education |
| <input type="checkbox"/> Sports Club Membership | <input type="checkbox"/> Corporate Membership |

Member of the Cleckheaton and District Golf Club Ltd and I hereby agree, if elected, 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

Occupation & Business Address

Telephone Number (Home)

Business

Email Address

Date of Birth

Other Golf Club or Sports Club (if any) with Handicap and type of membership

Signature of Candidate

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, both on the Course and in the Club House.

Name of Proposer (IN CAPITALS)

Usual Signature

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, both on the Course and in the Club House.

Name of Seconder (IN CAPITALS)

Usual Signature

Interviewed by

Recommended/NOT Recommended