



ABERDOVEY GOLF CLUB

MEMBERSHIP APPLICATION FORM

CATEGORY OF MEMBERSHIP SOUGHT: _____

NAME: _____ DATE OF BIRTH: _____

PERMANENT ADDRESS: _____

_____ TEL NO: _____

LOCAL ADDRESS (if different): _____

_____ TEL NO: _____

EMAIL ADDRESS: _____

BUSINESS OR PROFESSION: _____

GOLF EXPERIENCE: _____ HANDICAP: _____

CURRENT OR PREVIOUS MEMBERSHIP OF OTHER GOLF CLUBS:

OTHER SPORTING ACTIVITIES / MEMBERSHIP OF CLUBS OTHER THAN GOLF:

ARE THERE ANY OTHER PROSPECTIVE MEMBERS IN YOUR FAMILY? _____

HAVE YOU EVER BEEN REFUSED BY ANY OTHER CLUB OR ASKED TO RESIGN? _____

PROPOSER

NAME (PLEASE PRINT): _____ SIGNATURE: _____

RELATIONSHIP WITH APPLICANT: _____

SECONDER

NAME (PLEASE PRINT): _____ SIGNATURE: _____

RELATIONSHIP WITH APPLICANT: _____

A copy of the Rules and Bye-laws will be forwarded to you on acceptance and you will be expected to comply.

SIGNATURE: _____ DATE: _____