Low Laithes Golf Club Ltd

V.A.T Reg. No. 169910433 Company Reg. No. 00203144

Golf House, Park Mill Lane, Flushdyke, Ossett, WF5 9AP
Website: www.lowlaithesgolfclub.co.uk

Secretary/Manager: 01924 266067
E-mail: info@lowlaithesgolfclub.co.uk

MEMBERSHIP APPLICATION

SURNAME ______________________________ FORENAME(s) ______________________________

ADDRESS ____

____

TOWN______________________________ POSTCODE ______________________________

HOME TELEPHONE ______________________________ MOBILE ______________________________

E-MAIL ADDRESS

DATE OF BIRTH _____/_____/_________ AGE ________ OCCUPATION ______________________________

HOW DID YOU FIND OUT ABOUT LOW LAITHES GOLF CLUB? (If more than one applies, please tick)

FRIEND ☐ NEWSPAPER ADVERT ☐ LEAFLET ☐ WEBSITE ☐ OTHER ☐

PREVIOUS GOLF CLUBS (Please state any position or office held)

____

CURRENT GOLF CLUB (Please state any position or office held)

____

LAST OFFICIAL HANDICAP _____________ HELD AT (Name of Club) ______________________________

IF NO HANDICAP, PLEASE STATE GOLFING EXPERIENCE ______________________________

____

PREFERRED MEMBERSHIP CATEGORY (Please tick):

FULL ☐ **FLEXIBLE** ☐ **DISTANCE** ☐ **MID-WEEK** ☐ **SOCIAL** ☐ **STUDENT** ☐

DO YOU HAVE A PROPOSER Yes/No

If No, please go to signature and date below. If yes, please complete the Proposer and Seconder information below. (The Proposer and Seconder must be a current playing member of Low Laithes Golf Club).

NAME OF PROPOSER ____

I HAVE KNOWN THE APPLICANT __________ YEARS SIGNATURE ______________________________

NAME OF SECONDER ____

I HAVE KNOWN THE APPLICANT __________ YEARS SIGNATURE ______________________________

I would like to become a member of Low Laithes Golf Club Limited and if elected thereto hereby agree to become a member of the said Club which is a Company Limited by Guarantee without a share capital and to be bound by the Memorandum and Articles of Association and by the Rules and Bye-Laws of the Club.

SIGNATURE ______________________________ DATE OF APPLICATION ____________________

PLEASE RETURN THE COMPLETED FORM TO THE SECRETARY/MANAGER AT THE ABOVE ADDRESS. YOUR APPLICATION WILL BE CONSIDERED BY OUR COMMITTEE. YOU MAY BE REQUIRED TO ATTEND AN INTERVIEW IN THE EVENT OF YOUR APPLICATION BEING CONSIDERED FOR MEMBERSHIP.

For Office Use Only:

Member Category	***Subs***	***Subs Paid***	***Joining Fee***	***Join Fee Paid***	***Bar Credit Paid***	***Payment Posted***	***Member No***	***Bar Card No***	***Club2000 Entered***	***Website Entered***	***Emailed***