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

GENDER (please tick) Male ☐ Female ☐ TITLE (Mr, Mrs, Ms) ____________________

FORENAME ____________________ MIDDLE NAME ___________________ SURNAME ________________________

NICKNAME ____________________ DATE OF BIRTH _____/_____/________ AGE ________

OCCUPATION ____ HOME TELEPHONE ___________________________

WORK TELEPHONE _________________________ MOBILE NO ________________________________

Do you want your preferred contact number to be available to other members on the members' directory on the Club Website: YES ☐ NO ☐ If you ticked Yes, please confirm which number ______________________________

E-MAIL ADDRESS

Are you happy for Low Laithes Golf Club to send you information on our Club activities including social events, competitions, etc? Please tick the appropriate box: YES ☐ NO ☐

HOUSE NO OR NAME ______________ STREET NAME ____

ADDRESS _______________________________ TOWN/CITY ____________________ POSTCODE ___________________

If you are happy to be contacted by post, for example with subscription notices, AGM details, etc, please tick the appropriate box: YES ☐ NO ☐

PREFERRED MEMBERSHIP CATEGORY (Please tick):

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

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

____

LAST OFFICIAL HANDICAP INDEX _____________ HELD AT (Name of Club) ____

CDH/WHS NUMBER (if known) ____

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*	*Payment Posted*	*Member No*	*Bar Card No*	*Club2000 Entered*	*Website Entered*	*Emailed*