

MEMBERSHIP APPLICATION QUESTIONNAIRE

FULL NAME (Capitals).....

ADDRESS.....

.....

.....

.....

TELEPHONE NUMBER.....

OCCUPATION.....

AGE.....

PROPOSER.....

(Name in capitals with signature)

The Proposer must have known the applicant, and been a member of W&B.G.C. for at least 12 months.

SECONDER.....

(Name in capitals with signature)

The Seconder must also have known the applicant, and been a member of W&B.G.C. for at least 12 months

HOW LONG HAVE YOU BEEN PLAYING GOLF? .....

ARE YOU A MEMBER OF ANY OTHER GOLF CLUBS? .....

.....

HAVE YOU A HANDICAP? .....

Applicants Signature..... Date.....

You are required to play a part round with the assistant professional – see attached ‘Election of new members’ (Dated April 2007)

Date of round played with assistant professional.....

Please note you may be required to attend an interview before being considered for membership

This questionnaire to be completed and returned to the Club Secretary