

Cleckheaton & District Golf Club



Membership Application Form

Please read the covering letter fully before filling out this form.

This Section to be filled out by the applicant

Type of membership sought <i>(Please put an "X" in one box)</i>	<input type="checkbox"/> Full Playing Member <input type="checkbox"/> Five Day Member <input type="checkbox"/> Associate Member (18-21 years old) <input type="checkbox"/> Junior Member (Up to 18 Years old) <input type="checkbox"/> Country Member <input type="checkbox"/> Social Member
Title	Mr/Mrs/Miss/Other (Please Specify)
Surname	First Name
Address	
	Postcode
Business name and Address	
	Postcode
Home Tel.	
Work Tel.	
Mobile Tel.	
Email	
Date of Birth	<i>(mm/dd/yyyy)</i>
Other Golf Clubs (if any) with current handicap and type of membership	
Signature	

This section to be filled out by the applicants chosen Sponsors (See covering letter)

Proposer and Seconder

In signing this proposal I accept he / she to be a suitable candidate for election as a member of Cleckheaton Golf Club. I accept some responsibility for the good behaviour of the above both on the course and in the club house

Name of Proposer	
Years Applicant known	
Signature	
Name of Seconder	
Years Applicant known	
Signature	

CDGC Official Use Only

Date Interviewed		Interviewed By	
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