HULL GOLF CLUB

# MEMBERSHIP APPLICATION

FULL NAME (Block Capitals) .....

ADDRESS (Block Capitals) .....

..... POSTCODE.....

TELEPHONE NUMBER ..... MOBILE NUMBER .....

EMAIL ..... OCCUPATION .....

DATE OF BIRTH ..... IF AT SCHOOL/COLLEGE/ UNIVERSITY PLEASE NAME .....

ARE YOU A RELATIVE OF A PRESENT MEMBER OF THE CLUB? .....

PRESENT OR PREVIOUS CLUBS.....

DATE WHEN MEMBER ..... PREVIOUS CLUB HANDICAP ..... CDH NUMBER .....

I WISH TO APPLY FOR MEMBERSHIP OF THE HULL GOLF CLUB AS FOLLOWS (Please tick):-

☐ 7 DAY ☐ 6 DAY ☐ 5 DAY ☐ Country ☐ Junior ☐ Social

MY APPLICATION IS SUPPORTED AS FOLLOWS (please tick one box)

☐ The signed statements below by a Proposer and a Seconder, one of whom I will arrange to attend an interview with me

☐ A letter of introduction from a previous club

☐ I am willing to play a few holes with a member/members of The Committee/Professional Team

SIGNATURE OF APPLICANT ..... DATE .....

SPONSORS STATEMENT:

The applicant ..... is known to me and I have no hesitation in recommending him/her for membership of The Hull Golf Club. If requested I am prepared to attend the interview of the applicant by the Membership Committee. I have been a member of The Hull Golf Club for 3 years or more.

Signature of Proposer .....

Print name .....

Date .....

Signature of Seconder .....

Print name .....

Date .....

HULL GC USE

PRESENT ENTRANCE FEE ..... PRESENT SUBSCRIPTION ..... SHARE ISS .....

**T: 01482 660970** **E: pro@hullgc.com** **www.hullgolfclub.co.uk**

HULL GOLF CLUB

OVER A CENTURY OF CHALLENGES