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/ UNIVI	ERSITY PLEASE NAME
ARE YOU A RELATIVE OF A PRESENT MEMBER OF THE CLUB?	
PRESENT OR PREVIOUS CLUBS	
DATE WHEN MEMBER PREVIOUS CLUB HAND	PICAP CDH NUMBER
I WISH TO APPLY FOR MEMBERSHIP OF THE HULL GOLF CLUB AS FOLLOWS (Please tick):-	
7 DAY 6 DAY 5 DAY Cour	ntry 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 Committee. I have been a member of The Hull Golf Club for 3 years.	
Signature of Proposer	Signature of Seconder
Print name	Print name
Date	Date
HULL GC USE PRESENT ENTRANCE FEE PRESENT SUBSCRIPTION SHARE ISS	

