



MEMBERSHIP APPLICATION FORM

Type of Membership: *(please tick)*

<input type="checkbox"/>	6 Day	<input type="checkbox"/>	3 Day
<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Junior
<input type="checkbox"/>		<input type="checkbox"/>	Country
<input type="checkbox"/>		<input type="checkbox"/>	House

Age of Member:

Title: Full Name:

Address:

Post Code:

Occupation: Home Tel:

Company: Mobile:

Date Of Birth: - - Work Tel:

Email:

Are you a current member or past member of a Golf Club or a Golf Society. Please state your current or past Handicap

Name of Club(s) or Society	Handicap

Please add any other comments you may feel appropriate to support your application:

(1) I hereby request the Council of Leigh Golf Club to consider my application for playing membership. (2) In Making this application I accept Council are not obliged to accede to the application and are not obliged by the Articles of Association to give reasons should it be rejected. (3) I agree to be interviewed by the Membership Committee in support of my application. (4) Council will give final consideration in due course. (5) Application may be placed on a waiting list if appropriate. (6) Memberships run from 1st August to 31st July each year and will be automatically renewed. Confirmation of resignation must be in writing with at least one months notice.

Signature of applicant :

Date :

GDPR: Your data is safe with us, we do not sell your information. Information is only used to enable the running of Leigh Golf Club with Croft (membership database), BRS, (booking system) and Master Scoreboard (handicap/Comps)