

Hessle Golf Club -- Membership Application



Hessle Golf Club
Westfield Road
Raywell, Cottingham.
East Yorkshire
HU16 5ZA

Tel: 01842 306840
 Fax 01482 652679
 e-mail: secretary@hesslegolfclub.co.uk
www.hesslegolfclub.co.uk
 Manager/Secretary - Paul Haddon

Full Name:			
Address:			
		Postcode.	
Home Tel:		Business Tel:	
Mobile:			
E-mail Address:			
Date Of Birth:		Occupation:	
Handicap		Current or Estimate (Please State)	

Please indicate the category of membership requested:

Full Membership	
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5 Day Membership	
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Under 19 Membership	
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Age If Under 34	
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Names of existing members prepared to sponsor your application, if any.

Proposer (Block Capitals)

Proposer (signature).....

Number of years applicant has been known to Proposeryears

Seconder (Block Capitals)

Seconder (Signature).....

Number of years applicant has been known to Seconderyears

I undertake, if accepted, to be bound by the Rules and Bye Laws of the Club.

Signature of Applicant.....Date.....

Please complete the reverse of this form and return to the Manager/Secretary.

Actual Date Joined:	Application No.
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Please complete the following sections as this information will be used by the committee in selecting applicants for interviews. If any changes occur to this information please inform the Manager/Secretary in writing at the address overleaf.

How long have you lived locally?YearsMonths

Are you a relative of an existing Hessle Golf Club member? YES/NO

If yes please state relationship.

Please provide a brief summary of your golfing experience. Number of years playing, lessons from professionals etc.

Please state membership of previous golf clubs including dates.

<u>Name of Club</u>	<u>From</u>	<u>To</u>

Please state briefly why you wish to join Hessle Golf Club.

You may be required to provide proof of playing ability either in the form of a current handicap certificate or 3 cards, preferably signed by a member of Hessle Golf Club. These cards should be sent to the Manager/Secretary before your application can be authorised.