

Application Number _____

I wish to become a 7 day / 6 day / 5 day / Intermediate / Junior / Country / Social member of the above club and agree, if elected. To be bound by the Memorandum, Articles of Association and the Rules and Regulations of the Club in force from time to time.

Form to be completed in BLOCK LETTERS. Title _____

Surname _____ Christian Names _____

Date of Birth _____ Telephone Number _____

Mobile Telephone Number _____

Email Address _____

Address _____

_____ Post Code _____

Length of time in residence in local area _____

Occupation _____ Business Tel. Number _____

Have you previously been a Member of another golf club (Please state name of Club)

Please state your Handicap (CDH) No _____ Handicap _____

Will you remain a member if your application to W.B.G.C. is successful? _____

Please indicate if you are related to a current or past member of W.B.G.C.

Please give details of any previous membership period with W.B.G.C.

I consent to receive communication re comps, promotional material and offers on goods & services.

Signature of applicant _____ **Date** _____

PROPOSER AND SECONDER

Members who wish to propose or second an applicant must comply with the following conditions -

- 1) They must be a full playing member of the Club of at least 3 years standing.
- 2) They must have known the applicant for at least 2 years.
- 3) They must make themselves responsible for introducing the member, when elected, to Club procedures, golf etiquette and the rules of golf. Assistance may be required by the committee to ensure these standards are maintained during membership.
- 4) Should the prospective member be a beginner at golf, they must supervise his introduction to competitive play and ensure that he is familiar with golf etiquette and not inconvenience other competitors.
- 5) They must inform the Secretary if there are any changes of circumstances of the applicant during time spent on the waiting list.

Name of Proposer _____ No. of years known _____

Address _____

I agree to comply with the requirements and responsibilities listed above -

Signed _____ Date _____

Name of Seconder _____ No of years known _____

Address _____

I agree to comply with the requirements and responsibilities listed above -

Signed _____ Date _____

Comments, recommendations by other members or any further information to support the application

APPLICANTS WHO DO NOT HAVE PROPOSERS OR SECONDS WILL BE INTERVIEWED BY CLUB OFFICIALS PRIOR TO MEMBERSHIP BEING CONFIRMED

WBGC use only - Application approved - _____ Date - _____

Comments - _____

Date membership offered - _____

Date membership accepted - _____

Application forms should be returned to:

The Secretary
Whitley Bay Golf Club
Claremont Road
Whitley Bay
Tyne & Wear
NE26 3UF

Email: Secretary@whitleybaygolfclub.co.uk

Tel No: 0191 2520180

Fax No: 0191 2970030

Website: Whitleybaygolfclub.co.uk

Whitley Bay Golf Club Ltd



Membership Application Form