

SLEAFORD GOLF CLUB APPLICATION FORM

CATEGORY OF MEMBERSHIP:
(please tick)

FULL PLAYING
 FULL SOCIAL
 SOCIAL SPOUSE

JUNIOR
 STUDENT

NAME:
DATE OF BIRTH:
ADDRESS:
POSTCODE:
EMAIL:
HOME TEL:
MOBILE TEL:

I am willing to have my telephone number released to other members and officials

YES	NO
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I would like to have my telephone number printed in the Club Diary

YES	NO
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I am happy for my photograph & details to be placed on the members notice board

YES	NO
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PREVIOUS PLAYING HISTORY		
PRESENT CLUB	EXACT HANDICAP	PLAYING HANDICAP
PREVIOUS GOLF CLUB	PRESENT GOLF CLUB	

A COPY OF MY CURRENT HANDICAP CERTIFICATE IS ATTACHED

YES	NO
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SPONSORS INFORMATION (NOT REQUIRED FOR SOCIAL MEMBERS)

My sponsors, both of whom have been FULL PLAYING members at Sleaford Golf Club for a least 3 years are:

Block Capitals please:

PROPOSED BY: _____ SIGNATURE: _____

SECONDED BY: _____ SIGNATURE: _____

I have enclosed a non-refundable deposit of £50 (full playing members only) which will be deducted from the JOINING FEE when I eventually gain admission to the Club.

APPLICANTS SIGNATURE: _____ **DATE:** _____



Sleaford Golf Club
 Willoughby Road
 Greylees
 Sleaford
 Lincs NG34 8PL
 Tel: 01529 488273

Name: _____
 Handicap: _____
 Contact No: _____

Please attach a
 passport sized
 photo here

