



SOUTHERNDOWN GOLF CLUB

OGMORE BY SEA BRIDGEND CF32 0QP

CHIEF EXECUTIVE: MR ALAN HUGHES

Telephone: 01656 881111

PRESIDENT: MR RON WALKER

Email: admin@southerndowngolfclub.com

www.southerndowngolfclub.com

MEMBERSHIP APPLICATION FORM

Name of Applicant: Tel. No: Home:

Office:

e-mail Address:

Mobile:

Home Address:

.....

..... Post Code:

Date of Birth: Occupation:

Present Golf Club: Handicap:

Category of	Full Playing (A1 / L1)	Country	Youth	Social
Membership:	Full Playing (A4 / L4)	Country (C2M)	Junior	<i>(Please indicate as appropriate)</i>

- I agree that if elected I will observe golf etiquette and abide by the Rules of Southerndown Golf Club.
- I enclose a non-returnable deposit of £60, of which £50 will be deducted from the first year's fees
(- no deposit required for Youth / Junior / Social)

Signature of Applicant: Date:

NOMINATION DETAILS

* To be filled in by Proposer, Seconder and Supporter – Full Playing Members only

	PROPOSER	SECONDER	SUPPORTER
How long have you known the applicant?
Are you willing to vouch for him/her?
Signature:
Name: (BLOCK CAPITALS)

* Applicants who are currently a member of a Golf Club may instead submit a letter of recommendation from their club.

Office use only:

<u>Date received</u>	<u>Category</u>	<u>On board until</u>	<u>Check sponsors' eligibility</u>
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