



Baildon Golf Club

Moorgate, Baildon, Yorkshire BD17 5PP. Tel Bradford 584266

Secretary: Mr. Nick Redman

Email: secretary@baildongolfclub.com

MEMBERSHIP APPLICATION FORM

BLOCK CAPITALS PLEASE

Full Name:

Address:

..... Post Code:

Telephone No: Mobile:

E Mail:

Style: Mr/Mrs/Master/Miss Date of Birth:

I wish to apply for Full Associate Weekday Junior Full Social membership of Baildon Golf Club.

I am/have been a member atGolf Club.

My current/last handicap at that Club is/wasand I attach the relevant handicap certificate. On election I undertake to accept membership, to pay the required entry fee and subscription, to read and comply with the Club rules in every respect.

Signature of Applicant: Date

As proposer, I (Block Capitals) a full or associate member of the Club confirm that I have known the applicant foryears and that I consider him/her suitable for membership of the Club.

Signature of Proposer: Date:

As seconder, I (Block Capitals) a full or associate member of the Club confirm that I have known the applicant for years and that I consider him/her suitable for membership of the Club.

Signature of seconder: Date:

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For office use only

Date of Interview:

Accepted Yes/No (if no, please give reasons why)

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