



# Membership Application Form

Applicant Name

Address

Postcode

Date of Birth

Home Tel.

Mobile Tel.

Email address

Handicap (If applicable)

CDH Number (if known)

## Type of Membership required

Junior  
U17

Intermediate 18  
18 Years old

Intermediate 19  
19 Years old

Intermediate 20  
20 Years old

Intermediate 21  
21 Years old

Gent Full  
22 to 64

Lady Full  
22 to 59

Gent Senior  
65 to 74

Lady Senior  
60 to 74

Over 75  
75 and over

Trial <sup>1</sup>  
(3 months)

Sportsperson <sup>2</sup>

<sup>1</sup> New starters ONLY, option to extend to full membership. N.B. Only Once Per Person

<sup>2</sup> T's and C's apply, visit [silecroftgolfclub.co.uk/sportsperson-6-month-membership](http://silecroftgolfclub.co.uk/sportsperson-6-month-membership) for more details

**I hereby apply for Membership at Silecroft Golf Club, and promise, if I am elected, to abide by the Rules of Golf and the Rules of The Silecroft Golf Club.**

Signature

Date

**Proposer** and **Seconder** must be ADULT members of the Silecroft Golf Club for a period of at least ONE year before the date of application. They are required to accept responsibility for the instruction of the Candidate in the Rules of Golf and of the Silecroft Golf Club. Particular emphasis should be given to the Rules concerning Conduct on the Course, as they are essential for the pleasure of all Golfers.

Proposer  
Name

Proposer  
Signature

Seconder  
Name

Seconder  
Signature

Completion of this form DOES NOT exempt the applicant from payment of Green Fees. However, any Green Fees paid after notification of acceptance as a member, will be refunded when the Membership Secretary receives payment of the appropriate Subscription in full, or a completed Mandate Form for Standing Order payment. Further information is available from the Membership Secretary

