



SPALDING GOLF CLUB

I hereby apply for membership of Spalding Golf Club and, if accepted, undertake to abide by the Rules of the Club and the decisions of the Committee.

Full name:.....

Address:

.....

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Tel No:.....Mobile.....email.....

Occupation:.....

Date of Birth:.....

Present Club:.....

Current Handicap:.....(Evidence required) *

Signature:.....Date:.....

A letter of recommendation must accompany this application, duly signed by the Proposer and Seconder (who must both be members of 5 years standing).

We the undersigned undertake to introduce this nominee to the Rules of, and the etiquette of golf, and to be personally responsible for his/her demeanour and conduct during the term of membership.

Proposer

(Block letters)..... **Signature:**.....

Seconder

(Block letters)..... **Signature:**.....

Entrance Fees/Subscriptions are due within one calendar month from the date of the Notice of Account. Membership is not effective until payment is received.

* As the waiting list is structured in handicap categories a current handicap certificate is required with this form and any changes whilst on the waiting list must be notified.

The Secretary, Spalding Golf Club, Surfleet, SPALDING Lincs PE11 4EA