

FOR
OFFICE
USE

Fairhaven Golf Club
FORM OF APPLICATION FOR MEMBERSHIP

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USE

APPLICANT'S NAME
(Block Capitals)

PROPOSER'S REFERENCE
(Please indicate in what capacity you know the applicant and their suitability for membership)

To the Fairhaven Golf Club Limited.

I,, desire to become aMember of the Fairhaven Golf Club Limited, and I agree, if elected to become such a member of the said club, to be bound by the Memorandum and Articles of Association and Bye Laws of the Club.

Dated this day of20.....

SurnameTitle (Mr / Mrs / Ms / Other)

First name(s) in full

Residential Address

.....

..... Post Code

Telephone No(Home).....(Mobile)

E-mail.....

Date of Birth Occupation

(if retired please state previous occupation)

Membership of Fairhaven (*Past Playing or Current Country/Social*)

Category	Dates		Other Information
	From	To	
.....
.....
.....

Relatives who are members of Fairhaven Golf Club

.....
.....
.....

Membership of other Golf Clubs (please attach reference, including handicap details, from current or previous clubs if outside the Fylde area)

Current Membership

Club	Date of Joining	Handicap	Position Held
.....
.....

Previous Membership

Club	Dates		Handicaps	Positions Held
	From	To		
.....
.....
.....

SIGNED **PROPOSER**
(name in block capitals)

DATE

The above candidate is personally known to the undersigned and in our opinion is a suitable person to be elected a Member of the Fairhaven Golf Club Limited. He/she has been known to me for.....years.

SIGNED **SECONDER**
(name in block capitals)