



Seacroft Golf Club

Application for Junior Membership

I wish to become a member of Seacroft golf Club and if accepted I agree to abide by the rules and regulations of the club

Full Name

Date of Birth

Address

Post Code

Home Telephone

Mobile

Email address

School

Present Club (if applicable)

H/Cap (if applicable)

Emergency Contact Number

Signature

Date

If you have friends/family who are current members of Seacroft Golf Club please indicate below so that we can ask them to help you become more familiar with the club.

To be completed by parent / guardian

I wish my son / daughter to become a junior member of Seacroft Golf Club and I undertake to ensure that they abide by the rules. I understand that membership will initially be for a probationary 6 month period.

Signed

Date

Name
