



Seacroft Golf Club

Application for Social Membership

I wish to apply to become a social member of Seacroft Golf Club, and agree that if I am successful in my application I will be bound by the Bylaws and Regulations of the Club.

Full Name

Date of Birth

Address

Post Code

Home Telephone

Mobile

Email address

Occupation

Signature

Date

Have you previously applied to be a member of Seacroft Golf Club? Y / N

If you are known to any current members of Seacroft Golf Club, you should ask them to complete the following section.

I consider the applicant named above to be a suitable candidate for social membership of Seacroft Golf Club, and if successful, accept responsibility for ensuring that he/she understands and complies with all aspects of the Golf Clubs regulations and etiquette.

Introduced by

Signature

Print Name

Please ensure that you know the applicant well before signing this application.

If however, you are not known to a current member, please contact the secretary who will be happy to assist you with the completion of this form.

Once in receipt of your application, the secretary will contact you, and you may be invited to attend an informal meeting with the Membership Committee. We would like to thank you for your application.

Where did you hear about Seacroft Golf Club?
