

# Membership Application 2020-21

Title:	Surname:	Forenames:
Address:		Contact Details:
		Tel: (Home) _____
		(Business) _____
		(Mobile) _____
Post Code:		Email _____
Date of Birth: / /		

Membership: Please highlight one of the following;	Full	5 Day +	5 Day	Social
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Existing Club Membership:	Club:	Handicap:
	CDH Number:	
Previous Club Membership	Club: Year:	Handicap:

(Full Members Only) Supporting papers for General Meetings are emailed to members.  
 Hard copies are also available in the Secretary's office.   
 If you wish to receive a postal copy please tick the box

**New Member Profile**

To introduce you to the membership your details in this section are displayed in the clubhouse until your membership is ratified

Other sports/hobbies played	
Have you ever played Fulwell, if yes, how often?	
Why would you like to join Fulwell?	

Occupation:	Company Name:
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Proposer / Introduced by:	Seconder / Introduced by:
Signature & Date	Signature & Date

Please attach a recent photo (If sending application via email, a jpeg picture will be adequate.)	<p>I certify that my answers are true and complete to the best of my knowledge. I understand that my membership is granted on a temporary basis until formally ratified by the Captain's committee.</p> <p>I understand that my personal data will be processed in accordance with the Members Privacy Notice, available at fulwellgolfclub.co.uk</p> <p>I undertake, that if elected, to conform to the Rules and Byelaws thereof and to pay my annual subscriptions as they are due.</p>
Signature of Applicant and Date Signed	

Office Use Only					
App Rec'd	Payment Received	Posted on Board	Interview Date	Play-in Date	Elected
					Yes      No