

Associate Membership Application 2019-20

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

Existing Club Membership:	Club:	Handicap:
	CDH Number:	
Previous Club Membership	Club: Year:	Handicap:

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:

Proposer / Introduced by:	Seconder / Introduced by:
Signature & Date	Signature & Date

<p>Please attach a recent photo (If sending application via email, a jpeg picture will be adequate.)</p>	<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> <p>I confirm my understanding that an additional entrance fee shall be due when I transition from Associate to Full Membership in accordance to club rules if I have not been a member for 5 years or more.</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