

Membership Application 2017-18

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