

APPLICATION FOR MEMBERSHIP AT
DUDLEY GOLF CLUB LIMITED

To: The Secretary of
Dudley Golf Club Limited

Date

Sir,

I wish to become a member of Dudley Golf Club Limited. I agree, if elected, to be bound by the Memorandum and Articles of Association and Club Rules.
(See also "ETIQUETTE ON OUR GOLF COURSE")

The following particulars are correct:-

FULL NAME OF CANDIDATE

ADDRESS

TELEPHONE NUMBER

EMAIL

PROFESSION OR
OCCUPATION

OTHER CLUBS (IF ANY)

HANDICAP (IF ANY)

SIGNATURE OF CANDIDATE

The above named candidate is personally known to us and we believe him/her to be a suitable person to be elected as a member of Dudley Golf Club Limited.
ANY APPLICANT WHO DOES NOT HAVE A PROPOSER WILL BE REQUIRED TO PRODUCE A LETTER OF REFERENCE.

NAME Proposer
(block letters)

NAME Seconder
(block letters)

CLASS * FULL/7DAY RESTRICTED/5DAY/SOCIAL/JUNIOR (Date of Birth)

* please delete where necessary

NOTE: 7-DAY RESTRICTED ALLOWS PLAY ALL DAY MON-FRI AND AFTERNOONS ON SATURDAY AND SUNDAY, SUBJECT TO AVAILABILITY – NO WEEKEND COMPS. ALLOWED