



Wollaton Park Golf Club

Lime Tree Avenue, Wollaton Park

Nottingham NG8 1BT

Tel: 0115 9787574

email : admin@wollatonparkgolfclub.com

Preliminary Application for Membership for Adult and Social Members

I wish to apply for membership of Wollaton Park Golf Club in the category indicated below. I also agree, if elected, to fully comply with the club rules and all sections contained within the club diary, relating to etiquette of golf, local rules, competitions, committee rulings, general, conduct of members and dress rules. I accept I will receive a copy of the club rules and a club diary on election to membership.

PERSONAL DETAILS

TITLE: _____

SURNAME: _____ FIRST NAME (S): _____

HOME ADDRESS: _____

POST CODE: _____

HOME TEL: _____ HOME FAX: _____

MOBILE TEL: _____ EMAIL ADDRESS: _____

CURRENT AGE: _____ DATE OF BIRTH: _____

EMPLOYMENT DETAILS

PROFESSION or OCCUPATION: _____

JOB TITLE: _____

EMPLOYER: _____

WORK ADDRESS: _____

POST CODE: _____

WORK TEL: _____

GOLFING DETAILS

CURRENT GOLF CLUB: _____

YEARS OF MEMBERSHIP: _____ CURRENT HANDICAP: _____

POSITIONS HELD: _____

PREVIOUS CLUBS OR SOCIETES: _____

DATES OF MEMBERSHIP: _____

POSITIONS HELD: _____

REASON FOR LEAVING: _____

LOWEST PAST HANDICAP: _____ GRANTED BY: _____

HAVE YOU EVER HAD A PREVIOUS APPLICATION FOR MEMBERSHIP FOR THIS GOLF CLUB OR ANY OTHER GOLF CLUB REJECTED? YES / NO (*Please circle*)

MEMBERSHIP CATEGORY REQUIRED

- 7 DAY PLAYING MAN
- 7 DAY PLAYING LADY
- 6 DAY PLAYING MAN
- 6 DAY PLAYING LADY
- SOCIAL

(Please tick as applicable)

SPONSORS

The following members of the Club have agreed to sponsor this, my preliminary application for membership.

PROPOSER: _____

SECONDER: _____

(Your proposer and seconder will be required to write letters of support to the Club. Please note that if you do not know any members of the Club to act as your sponsors you should contact the Club Secretary prior to submitting this application)

DECLARATION

I confirm that all of the above information I have supplied is true and accurate to the best of my knowledge and belief.

SIGNATURE: _____ DATE: _____

(Please sign and return this form to the Club Secretary at the above address as soon as possible together with a passport-sized photograph of yourself).