



Wollaton Park Golf Club
Lime Tree Avenue
Nottingham NG8 1BT
0115 978 7574



Application for Membership – Adult Playing Members

I wish to apply for membership of Wollaton Park Golf Club in the playing category indicated below. I agree to fully comply with the club rules and all rulings and information contained within the club diary, relating to etiquette of golf, local rules, competitions, committee rulings, general conduct of members and dress rules.

PERSONAL DETAILS

TITLE: _____

SURNAME: _____ FIRST NAME (S): _____

HOME ADDRESS: _____

_____ POST CODE: _____

EMAIL : _____

HOME TEL: _____ MOBILE: _____

DATE OF BIRTH: _____

EMPLOYMENT DETAILS

PROFESSION or OCCUPATION: _____

JOB TITLE: _____

EMPLOYER: _____

WORK ADDRESS: _____

_____ POST CODE: _____

MEMBERSHIP CATEGORY REQUIRED (please tick)

7 DAY PLAYING

6 DAY PLAYING

GOLFING DETAILS

CURRENT GOLF CLUB: _____

DATES OF MEMBERSHIP: _____ CURRENT HANDICAP: _____

If you hold a current handicap, please give your CDH lifetime number: _____

POSITIONS HELD: _____

REASON FOR LEAVING: _____

PREVIOUS CLUBS OR SOCIETIES: _____

DATES OF MEMBERSHIP: _____

POSITIONS HELD: _____

WHAT MADE YOU DECIDE TO APPLY TO JOIN WOLLATON PARK GOLF CLUB : _____

SPONSORS

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

PROPOSER: _____

SECONDER: _____

(Please ask your proposer and seconder to submit letters of support to the Office. If you do not know any members of the Club to act as your sponsors, please submit two personal or professional references with this Application Form)

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 Office at the above address together with a passport-sized photograph of yourself)