

APPLICATION FOR MEMBERSHIP

To: The Secretary, Yelverton Golf Club,
Golf Links Road, Yelverton PL20 6BN

Date: _____

Tel: 01822 852824

Fax: 01822 854869

E-mail: secretary@yelvertongc.co.uk

I wish to be a candidate for election as a FULL PLAYING / RADIUS / JUNIOR / SOCIAL *
Member of Yelverton Golf Club * delete as necessary.

SURNAME (in block capitals): _____

FORENAMES (in block capitals): _____

DATE OF BIRTH: _____

PRIVATE ADDRESS (in block capitals): _____

Post Code: _____

E-mail: _____

Tel. (Home): _____

(Work): _____

PROFESSION: _____

PREVIOUS CLUB(S): _____

CURRENT (or last) EXACT HANDICAP: _____

SIGNATURE: _____

PROPOSED BY (in block capitals): _____

I HAVE BEEN A MEMBER OF YELVERTON GOLF CLUB FOR AT LEAST 2 YEARS,
AND I HAVE KNOWN THE CANDIDATE FOR _____ YEARS.

SIGNATURE: _____

SECONDED BY (in block capitals): _____

I HAVE BEEN A MEMBER OF YELVERTON GOLF CLUB FOR AT LEAST 2 YEARS,
AND I HAVE KNOWN THE CANDIDATE FOR _____ YEARS.

SIGNATURE: _____