

LLANDUDNO GOLF CLUB (MAESDU) LTD

HOSPITAL ROAD, LLANDUDNO, CONWY, LL30 1HU.

TEL - 01492/876450

secretary@maesdugolfclub.co.uk

www.maesdugolfclub.co.uk

APPLICATION FOR:- FULL/COUNTRY/STUDENT/FIVE DAY/SOCIAL MEMBERSHIP

DATE.....

PLEASE COMPLETE THE FORM IN BLOCK LETTERS

I MR/MRS/MISS

ADDRESS

..... POSTCODE

PHONE NO MOBILE.....

E MAIL

DATE OF BIRTH

OCCUPATION

I HEREBY APPLY TO BECOME A MEMBER OF THE LLANDUDNO GOLF CLUB (MAESDU) LIMITED AND I AGREE IF ELECTED, TO BE BOUND BY THE MEMORANDUM AND ARTICLES OF ASSOCIATION OF THE COMPANY AND THE BYE-LAWS OF THE CLUB.

I AM AT PRESENT A MEMBER OF

AND

(GIVE NAMES OF GOLF CLUBS)

LAST PLAYING HANDICAP WITH S.S.S.

(GIVE NAME OF CLUB)

I HAVE PREVIOUSLY BEEN A MEMBER OF

AND

(GIVE NAME OF GOLF CLUBS)

HAVE YOU EVER BEEN REFUSED MEMBERSHIP OF GOLF CLUB?

I ENCLOSE CASH/CHEQUE £

IN PAYMENT OF MY ENTRANCE FEE ... £

SUBSCRIPTION£

G.U.W. FEE.....£

TOTAL£

SIGNATURE OF APPLICANT

WE PERSONALLY KNOW THE ABOVE NAMED CANDIDATE AND WE BELIEVE HIM/HER A SUITABLE PERSON TO BE ELECTED A MEMBER OF THE LLANDUDNO GOLF CLUB (MAESDU) LIMITED. (PROPOSERS AND SECONDRS SHOULD HAVE BEEN A FULL MEMBER OF THE CLUB FOR OVER 2 YEARS AND ARE RESPONSIBLE FOR APPLICANTS FOR THE 1ST YEAR OF MEMBERSHIP AND MUST ACCOMPANY THEM TO ANY INTERVIEW REQUIRED).

I PROPOSE THE ABOVE CANDIDATE

(SIGNATURE)

I SECOND THE ABOVE CANDIDATE.....

(SIGNATURE)

NOTE: No application for Membership can be considered unless the amount of the Entrance Fee and Final Subscription plus V.A.T. (where applicable), is handed to the Secretary with this form. In the case of non-election the amount will be refunded. If the Applicant has been recently or is currently a Member of a Golf Club a **Letter of Recommendation** from the Club Secretary will be required together with a copy of the Applicant's **Handicap Record Sheet**. Please ensure both of these items are enclosed with this application.

FOR USE OF SECRETARY

DATE ELECTED: