

**WEST END GOLF CLUB (HALIFAX) LTD
APPLICATION FOR MEMBERSHIP**

**PLEASE RETURN TO:
WEST END GOLF CLUB
PADDOCK LANE
HALIFAX
HX2 0NT**

PLEASE COMPLETE BELOW IN CAPITAL LETTERS

TITLE	
FORENAME	
SURNAME	
ADDRESS	
POST CODE	
TELEPHONE NUMBER	
OCCUPATION	
DATE OF BIRTH	
PREVIOUS/PRESENT CLUB	
PREVIOUS/PRESENT HANDICAP	
SIGNATURE	
DATE	

I wish to apply for membership of the club in the following category:

Full Playing	<input type="checkbox"/>	Junior	<input type="checkbox"/>	Country	<input type="checkbox"/>	Social	<input type="checkbox"/>
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I have approached the persons named below and they have agreed to propose and second me when this application comes before council.
(Please enter names in capital letters)

PROPOSER	
SECONDER	

N.B. Both proposer and seconder must be full members of the Club and must know the applicant personally. Both should have been members for over 3 years.

For Office Use Only

Code	
Interview date	
Interview time	
Nomination date	
Invoiced	
Handicaps	