Membership Application Form



Title Surname
Forenames
Address
Post Code Date of Birth
Telephone Mobile
Email Address
"Optional Details" Present Club Handicap Handicap
If a former member of Olton Golf Club, please Tick the appropriate box to indicate your previous section and indicate the period of membership: Full \Box Junior \Box Social \Box Country \Box From
Please Tick the appropriate membership box of the section you wish to join: Full \Box Junior \Box Social \Box Country \Box
If elected as a member of the Club, I agree to be bound by the Articles of Association of Olton Golf Club Limited.
Signature Date
Sponsors Proposers and Seconders of potential members should be aware of their responsibilities regarding the introduction of members to the Club. These are outlined in "Notes for Guidance" which members should obtain from the Secretary before agreeing to act as Sponsors. Sponsors should provide support for their candidate below or in a separate letter to the Club Secretary.
Proposer (Full Name)
Signature
Proposer Comments
Seconder (Full Name)
Signature
Seconder Comments
FOR OFFICE USE ONLY
Date application received

Please return your completed form to the Secretary at the Club address below.