



Silsden Golf Club



Secretary: Mr John Bellerby
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MEMBERSHIP APPLICATION

Name:.....

Address:.....

.....

Post Code:..... Telephone No:.....

Date of Birth:.....

Membership applied for: Full Golf/ /Weekday/ Junior/ Social

Silsden Golf Club will hold these particulars on computer for handicap and administrative purposes and will not without permission be divulged to any third party.

APPLICANTS FOR GOLF MEMBERSHIP MUST COMPLETE THIS SECTION

Last Handicap Held:.....Date:.....

Club:.....

If no previous handicap held, applicant must state "NONE" and subject to their membership application accepted, submit three cards to the Captain for handicapping purposes. All cards must be witnessed and signed by an accompanying member who holds an official handicap.

It is a condition of membership that all new members must attend a new members meeting at the earliest opportunity.

I wish to pay in full

I wish to pay by 12 monthly Standing order payments (including £20 administration)

Signature of Applicant:.....Date.....