SANDILANDS GOLF CLUB
SUTTON-ON-SEA
APPLICATION FOR MEMBERSHIP

Type of Membership: FULL MEMBER ☐
COUNTRY MEMBER ☐
JUNIOR MEMBER (u 18 yrs) ☐

I hereby apply for membership of the club and I agree to observe the Club rules and to pay the entrance fee and annual subscription as a member in accordance with the scale.

a) I am the owner of a property within 5 miles of the club * Yes / No

b) My date of birth (only required if under 23) is .....

c) I am a present/past member of the following Golf Clubs:

.....

.....

d) My current handicap is .....
(please attach a copy of your handicap certificate)

e) I am a **beginner golfer** and will observe the rules and etiquette of golf and agree to take lessons from a professional before playing * Yes / No

* delete as appropriate

Signature: ..... Date: .....

Full Name: .....

Occupation: .....

Address: .....

.....

..... Tel No. .....

Proposed by: .....

Seconded by: .....

Approved: ..... Date: .....

Cheques should be made payable to: 'Sandilands Golf Club Ltd'