

WALTON HEATH ARTISANS GOLF CLUB MEMBERSHIP APPLICATION FORM



Name _____

Address _____

Postcode _____

Date of Residence _____

Telephone _____

Email _____

Occupation _____

Date of Birth _____

Current Certified Handicap _____

Lowest Certified Handicap _____

Current Golf Club _____

Signed By Applicant _____

Date _____

Proposed _____

Date _____

Seconded _____

Date _____

Applicant

Relevant Experience _____

Proposer

How many years have you known the applicant? _____

How many times have you played golf with the applicant? _____

Reference _____

Secunder

How many years have you known the applicant? _____

How many times have you played golf with the applicant? _____

Reference _____

