

Drax Golf Club

Membership Application Form



Title		Full Name	
Address		Date of Birth	
		Telephone	
		Mobile	
		Email	

Are you currently a member or have you ever been a member of this or any other recognised Golf Club? If yes, please indicate:	Yes / No
Do you have a handicap? If yes, please state current handicap and attach certificate if possible.	Club:
Central Database of Handicaps (CDH) Number (If known).	Handicap:

Membership Type Required :	
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Certificate of Applicant: I agree that if elected, I will abide by the rules, regulations and byelaws governing Drax Golf Club. I understand that membership is subject to both main and section committee approvals. If on the other hand my application is not successful, the club will not give reasons for their decision and will not enter any correspondence with regards to their decision.

Have you ever been refused access or banned from any other establishments? Yes / No
(If yes please attach a note giving circumstances and any other relevant details to assist in your application).

I acknowledge that Drax Golf Club does not refund subscriptions should I not be able to play, but will suspend my membership if on the grounds of ill health and reinstate once I can continue playing.

Signature of applicant: _____	Date
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Are you a current member of the Sports and Social Club? If no, you need application forms. It is a pre-requisite of membership of the golf club to be a member of The Drax Sports and Social Club.	Yes / No
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Proposer and Secunder: We have known the above named for the period stated and consider him to be a suitable person to be elected a member of Drax Golf Club.

Proposer Name:	Years
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Secunder Name:	Years
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FOR OFFICE USE ONLY

Date received	Details entered	Payment method	Subs paid
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