



# Perranporth Golf Club

Budnic Hill, Perranporth,

Cornwall, TR6 0AB

Telephone : 01872 572454

Email:

secretary@perranporthgolfclub.co.uk

## Nomination for Membership

Full Name and Address of Nominee IN BLOCK CAPITALS	Introduced by: Sign & Print	Introduced by: Sign & Print	Class of Member <u>Please Circle</u>
<b>Mr/Mrs/Miss/Other</b> Surname <input type="text"/> First Name <input type="text"/> Address <input type="text"/>  Post Code <input type="text"/> Tel. Home <input type="text"/> Tel. Work <input type="text"/> Tel. Mobile <input type="text"/> E-mail <input type="text"/>	Name   Signature	Name   Signature	Playing  Country Playing  Affiliated Playing  Intermediate A (18 to 20 Years)  Intermediate B (21 to 24 Years)  Junior  Social

Tick Box

  
  


I certify that I am a full playing member of ..... Golf Club H/Cap .....

I have not previously been a member of a golf club

I have been a full playing member of .....Golf Club H/Cap .....

**NOTES:**

(i) Candidates will be elected by the Captain's Committee.

(ii) Applicants for Full Membership will be required to attend a New Members' evening to meet the Captain and senior officials of the Club, prior to confirmation of their election.

(iii) Dates of New Members' evenings will be notified by post to candidates.

I hereby apply for Membership and if elected agree to abide by the Rules of the Club (if under 18 years, you should obtain your parent's signature after your own).

Signature of Nominee.....Date of Birth...../...../.....

Application Date...../...../..... Received by Secretary on...../...../.....

**FOR CLUB USE ONLY**

Forwarded to the Captain's Committee on (date) ___/___/___	Accepted? Yes / No
Letter sent re New Members' evening (date) ___/___/___	Date of meeting ___/___/___
Attended New Members' evening (date) ___/___/___	Entry confirmed / records updated ___/___/___