



LUTTERWORTH GOLF CLUB

Rugby Road, Lutterworth, Leicestershire LE17 4HN

Telephone: (01455) 552532 Fax: (01455) 553586

Email: sec@lutterworthgc.co.uk

Web Site: www.lutterworthgc.co.uk

APPLICATION FOR MEMBERSHIP

PLEASE COMPLETE IN BLOCK CAPITALS

FULL NAME:		Membership No.
		(Mr/Mrs/Ms/Miss)
ADDRESS:		
POST CODE:		
TELEPHONE NOS: Home:		Work:
Mobile:		Email:
DATE OF BIRTH: / /		OCCUPATION:
If, during the course of your work or hobbies, there is a voluntary contribution you can make to the Club please indicate below what and how:		
Are you or have you been a member of Lutterworth in the past or another Club? YES/NO		
If YES , which Club(s) have you been a member of?		
Which will be your 'home' Club?		
What is/was your handicap?		Last date of handicap?
Type of membership: (Full / 25-34 / 18-24 / Country / FTE 18-24 / Junior / Social)		
Documentary proof of your date of birth will be required at the interview stage, e.g. birth certificate, passport, driving licence, etc.		
Whilst not essential, if you know current members of the Golf Club that are prepared to propose and second your application then please provide their details below:		
Proposed by:		Signature:
I have known the applicant since:		
Seconded by:		Signature:
I have known the applicant since:		
If elected I agree to abide by the rules of Lutterworth Golf Club		
Signature:		Date:
For office use only:		Date Received
Interviewed on:		
Captain/Vice Captain/Past Captain:		
Secretary:		