

**WALTON HALL GOLF CLUB**  
**Tel: 01925 266775**

**MEMBERSHIP APPLICATION**

**TYPE OF APPLICATION (please circle)**

**MALE**

**FEMALE**

**JUNIOR**

**SENIOR**

SURNAME \_\_\_\_\_ FORENAMES \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ OCCUPATION \_\_\_\_\_

FULL POSTAL ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

POSTCODE \_\_\_\_\_ TEL NO. (inc STD code) \_\_\_\_\_

PRESENT/PREVIOUS GOLF CLUBS \_\_\_\_\_

PRESENT/PREVIOUS HANDICAP \_\_\_\_\_ DATE \_\_\_\_\_

PROPOSER \_\_\_\_\_

SECONDER \_\_\_\_\_

Please give details of past golf experience if not previously a member of a Golf Club:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Note: The Proposer and Seconder must be Full Members of Walton Hall Golf Club.  
The Proposer will be held responsible for the conduct of the above named person for  
an initial 12-month period, should they be accepted for membership.

DATE OF APPLICATION \_\_\_\_\_