

## Membership Application Form

I, (Full Name) Mr/Mrs/Miss \_\_\_\_\_

*Wish to become a member of Lakeside Golf Club and I agree to be bound by the Rules & Constitution of the Club thereof.*

Signature of Candidate \_\_\_\_\_

Full Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Email Address \_\_\_\_\_

Previous Club(s) \_\_\_\_\_

Previous Handicap (if applicable) \_\_\_\_\_

Proposer (if applicable) \_\_\_\_\_

Date of Birth (under 21 years only) \_\_\_\_\_

I give permission for the Committee to hold the above personal details (please circle): **YES NO**

**Selected Membership** (please circle)

**FULL ADULT      SENIOR 60 +      YOUNG ADULT 18-25      STUDENT 18-21      JUNIOR 15-18**

**JUNIOR 10-15      JUNIOR UNDER 10**

**Payment Type** (please circle)      **CASH      CARD      CHEQUE**

Date \_\_\_\_\_

Approved by (staff use only) \_\_\_\_\_