

Whitstable & Seasalter Golf Club

The Clubhouse –Collingwood Road-Whitstable-Kent CT5 1EB Tel: 01227 272020 www.whitstable-golfclub.co.uk

Membership Application 2018/9 Date.....

* I WISH TO APPLY FOR MEMBERSHIP (Please tick the category you are applying for)	
<i>CATEGORY ANNUAL FEETICK AS APROPRIATE</i>	
FULL	£648
JOINT FULL	£624
INTERMEDIATE AGE 18-28 YEARS (VARIIBALE)	£252/£504
TRIAL(1 YEAR ONLY)	£350
SOCIAL	£80
<i>ALL PLAYING MEMBERS ARE REQUIRED TO PURCHASE£100 OF SHARES IN THE CLUB</i>	

*NAME.....Mr/Mrs/Miss/Ms/Other

*PREVIOUS/OTHER CLUBS.....CDH Number.....

*PROPOSER (PRINT).....

*SECONDER (PRINT).....

*HOW DID YOU LEARN ABOUT THE CLUB?.....

ADDRESS.....

.....POSTCODE.....

TELEPHONE (HOME).....OCCUPATION.....

TELEPHONE (WORK).....(MOBILE).....

E MAIL ADDRESS.....

DATE OF BIRTH.....CURRENT HANDICAP.....

If my application is successful, I undertake to abide by the Club Rules, observe golf etiquette, be of good conduct, promote cordiality and co-operation and discourage confrontation.

I agree that the information given in lines marked * may be displayed on the club noticeboard and that this and other information provided by me, may be stored and used, subject to the Club's Data Protection & Privacy Policy (documents available in the office or at: www.whitstable-golfclub.co.uk).

SIGNED BY APPLICANT DATE.....

SIGNED BY PROPOSER.....DATE.....

SIGNED BY SECONDER.....DATE.....

For Office Use: Date Received

Date letter sent/Club 2000