

# Whitstable & Seasalter Golf Club The Clubhouse – Collingwood Road-

Whitstable-Kent CT5 1EB Tel: 01227 272020 www.whitstable-golfclub.co.uk

Membership Application 2020/21 Date.....

<b>* I WISH TO APPLY FOR MEMBERSHIP (Please tick the category you are applying for)</b>	
<b><i>CATEGORY ANNUAL FEETICK AS APROPRIATE</i></b>	
<b>FULL</b>	<b>£708</b>
<b>JOINT FULL</b>	<b>£684</b>
<b>INTERMEDIATE AGE 18-28 YEARS (VARIIBABLE)</b>	<b>£200/£400</b>
<b>TRIAL</b>	<b>£400</b>
<b>SOCIAL</b>	<b>£150</b>
<b><i>ALL PLAYING MEMBERS ARE REQUIRED TO PURCHASE£100 OF SHARES IN THE CLUB</i></b>	

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

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

\*PROPOSER (PRINT).....

\*SECONDER (PRINT).....

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

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ADDRESS.....

.....POSTCODE.....

TELEPHONE (HOME).....TELEPHONE (WORK).....

MOBILE.....EMAIL .....

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.

SIGNED BY APPLICANT..... DATE.....

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

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

*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 & at: www.whitstable-golfclub.co.uk).*

Signed:

Applicant.....Date.....Proposer.....Date.....

Seconder.....Date..... SWIPE CARD NUMBER.....

For Office Use: Date Received

Date letter sent/Club 2000