



# Seacroft Golf Club

## Application for Playing Membership

I wish to apply to become a playing member of Seacroft Golf Club, and agree that if I am successful in my application I will be bound by the Bylaws and Regulations of the Club.

Full Name

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Date of Birth

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Address

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Post Code

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Home Telephone

Mobile

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E mail address

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Occupation

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Current or previous Golf Club

H/Cap (if applicable)

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Signature

Date

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**Please TICK which category you wish to apply for?**

Local Membership

Mid-Distant Membership - *I live more than 15 miles from the Golf Club as the crow flies and less than 30 miles*

Distant Membership - *I live more than 30 miles from the Golf Club as the crow flies*

**Please State Your Home Club For Handicap Purpose:** \_\_\_\_\_

**Please Insert Your CDH Number, If Known:** \_\_\_\_\_

Please tick if required:

Trolley Shed Space

Locker

If you are known to any current members of Seacroft Golf Club, you should ask them to complete the following section.

*I consider the applicant named above to be a suitable candidate for playing membership of Seacroft Golf Club, and if successful, accept responsibility for ensuring that he/she understands and complies with all aspects of the Golf Clubs regulations and etiquette.*

**Introduced by**

Signature

Print Name

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Please ensure that you know the applicant well before signing this application.

If however, you are not known to a current member, please contact the secretary who will be happy to assist you with the completion of this form.

Once in receipt of your application, the secretary will contact you, and you may be invited to attend an informal meeting. We would like to thank you for your application.

Where did you hear about Seacroft Golf Club?

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