



APPLICATION FOR MEMBERSHIP

CATEGORY (please circle one)

Full	Family	Lady Associate	Distance	International
35 and under	Student under 25		Juvenile	House

Name _____

Address and Post Code _____

Date of Birth _____

Telephones/Email _____

Previous/Current Club _____

Previous Handicap _____

Proposer (please print) _____

Signature of Proposer _____

Secunder (please print) _____

Signature of Secunder _____

Received by _____

Date of Council Meeting _____