



The Leicestershire Golf Club Membership Application Form

Contact: Alice Marston
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The Leicestershire Golf Club
 Evington Lane | Leicester | LE5 6DJ
 www.theleicestershiregolfclub.co.uk

Full Playing <input type="checkbox"/>	FP 38-39 <input type="checkbox"/>	FP 36-37 <input type="checkbox"/>	FP 34-35 <input type="checkbox"/>	FP 32-33 <input type="checkbox"/>
FP 30-31 <input type="checkbox"/>	FP 28-29 <input type="checkbox"/>	FP 24-27 <input type="checkbox"/>	FP 19-23 <input type="checkbox"/>	Country <input type="checkbox"/>
6 Day* <input type="checkbox"/>	5 Day* <input type="checkbox"/>	Beginner <input type="checkbox"/>	Associate* <input type="checkbox"/>	Social <input type="checkbox"/>

*Only available to current members

Surname:		Title:
Forename(s):		DOB:
Address:		Postcode:
Home No:	Mobile No:	
Occupation:	Work No:	
Email:		

Are you a golfer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently a member of another Golf Club?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you previously been a member of another Golf Club?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please state the name of current or previous Golf Club:		
Do you have a CONGU handicap?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please state exact handicap and CDH Number:		

Please give any further information that may support your application:

Applicants Signature:

SIGNATURE: _____ PRINT: _____

To be completed by applicants Proposer and Seconder

The Leicestershire Golf Club Rules 2017 Rule 21.1 applies

The Proposer and Seconder must have been a Club member for more than 5 years and are expected to mentor the applicant.

Proposed by: _____ (please print)

Signature: _____

I have known the applicant personally for more than 2 years:

Secondered by: _____ (please print)

Signature: _____

I have known the applicant personally for more than 2 years:

OFFICE USE ONLY		
DATE APPLICATION RECEIVED:	DATE/TIME OF INTERVIEW:	DATE ON NOTICEBOARD:
MEMBERSHIP RECORD NUMBER:	SWIPE CARD NUMBER:	SUBSCRIPTION PAID: