



The Leicestershire Golf Club Membership Application Form

Contact: Vicky Harrington
 Email: office@theleicestershiregolfclub.co.uk
 Tel: 0116 273 8825 (option 2)

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

Full Playing <input type="checkbox"/>	FP 35-39 <input type="checkbox"/>	FP 31-34 <input type="checkbox"/>	FP 27-30 <input type="checkbox"/>	FP 23-26 <input type="checkbox"/>
FP 19-22 <input type="checkbox"/>	6 Day <input type="checkbox"/>	5 Day <input type="checkbox"/>	Weekday <input type="checkbox"/>	Country <input type="checkbox"/>
Associate* <input type="checkbox"/>	9 Hole* <input type="checkbox"/>	Pathway* <input type="checkbox"/>	Non-Playing <input type="checkbox"/>	New to Golf <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 WHS 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: