



ILKLEY GOLF CLUB MEMBERSHIP APPLICATION FORM

Name: _____

Address _____

Tel. No. Home: _____ Mobile: _____

Email Address: _____

Date of Birth: _____

Category (Junior, Intermediate, Country, Full): _____

Profession or Business and give details of position and name of firm.

Current Golf Club(s): _____

Previous Golf Club(s): _____

Lowest Handicap: _____ Current Handicap: _____

Positions held in previous clubs (Captain, Committee Member etc.)



Reasons for wanting to join Ilkley Golf Club

Would Ilkley Golf Club be your Home Club for Handicap purposes? _____

Name of Proposer (if known at this time): _____

Name of Secunder (if known at this time): _____

(Proposer/Secunder must have been a Full Member of the Club for a minimum of 5 years)

In the case of candidates who do not have a proposer or seconder the Committee may request a letter of recommendation from previous Golf Clubs. The Committee may invite candidates to come to the Club to play with Members of the Committee. Thereafter the Membership Committee may or may not recommend the candidate for membership.

Signature of Applicant

Date