

ST. AUGUSTINE'S GOLF CLUB
Cottington Road
Cliffsend
Ramsgate
Kent CT12 5JN

Sir or Madam,

*I hereby apply to become a * Full / 5 Day / Young Adult / Junior / Social Member of St. Augustine's Golf Club and I agree if elected, to be bound by the Rules and Bye-Laws of the Club.*

Full Name Date of Birth
Address
..... Post Code
Tel. No. Mobile No
E-Mail
Rank, Profession or Occupation
Other Clubs (if any) Handicap
Signature Date

We certify that we have known the above named for at least one year and we believe him / her to be a suitable person to be elected as a member of St. Augustine's Golf Club.

Signature of Proposer
Name in BLOCK CAPITALS

Signature of Seconder
Name in BLOCK CAPITALS
(Both to be of at least two years standing as Full Members.)

If you are not known to any of the members, a letter from a person in a professional capacity will be considered.

Please state if you are related to a member of the Club, and if so please give their name.

Yes - Name & Relationship..... No

Upon becoming a member would you wish your telephone number to be published in the Club Diary? Yes No

If applying for playing membership a handicap certificate from another club or a proficiency certificate from our Professional must be produced with this application. We cannot accept society handicaps.

*** Please delete as necessary and state particulars in full and correctly.**