

# APPLICATION FOR MEMBERSHIP

To: The Secretary, Yelverton Golf Club,  
Golf Links Road, Yelverton PL20 6BN

Date: \_\_\_\_\_

Tel: 01822 852824

Fax: 01822 854869

E-mail: secretary@yelvertongc.co.uk

I wish to be a candidate for election as a FULL PLAYING / RADIUS / JUNIOR / SOCIAL \*  
Member of Yelverton Golf Club \* delete as necessary.

SURNAME (in block capitals): \_\_\_\_\_

FORENAMES (in block capitals): \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PRIVATE ADDRESS (in block capitals): \_\_\_\_\_

Post Code: \_\_\_\_\_

E-mail: \_\_\_\_\_

Tel. (Home): \_\_\_\_\_

(Work): \_\_\_\_\_

PROFESSION: \_\_\_\_\_

PREVIOUS CLUB(S): \_\_\_\_\_

CURRENT (or last) EXACT HANDICAP: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PROPOSED BY (in block capitals): \_\_\_\_\_

I HAVE BEEN A MEMBER OF YELVERTON GOLF CLUB FOR AT LEAST 2 YEARS,  
AND I HAVE KNOWN THE CANDIDATE FOR \_\_\_\_\_ YEARS.

SIGNATURE: \_\_\_\_\_

SECONDED BY (in block capitals): \_\_\_\_\_

I HAVE BEEN A MEMBER OF YELVERTON GOLF CLUB FOR AT LEAST 2 YEARS,  
AND I HAVE KNOWN THE CANDIDATE FOR \_\_\_\_\_ YEARS.

SIGNATURE: \_\_\_\_\_