



Longcliffe Golf Club

Membership Application Form

Main Membership Category requested: (Tick one box only):

7 day ☐ 6 day (excl. Saturday) ☐ 5 day (excl. weekends) ☐ Country ☐
Young (30-35) ☐ Young (25-29) ☐ Young (21-24) ☐ Young (18-20) ☐
Student ☐ Junior (U18) ☐ Junior (U12) ☐ Social member ☐
Women in Golf Extension Initiative ☐ Battle Back Personnel Initiative ☐

If your Main category requested is initially not available, are you interested in a different membership category instead? If yes, tick the relevant categories:

7 day ☐ 6 day (excl. Saturday) ☐ 5 day (excl. weekends) ☐ Country ☐
Young (30-35) ☐ Young (25-29) ☐ Young (21-24) ☐ Young (18-20) ☐

Personal details:

Name in full Date of birth.....

Mr. ☐ Mrs. ☐ Miss. ☐ Dr. ☐ Other (specify) ☐.....

Home address

..... Postcode

Telephone Home (landline)..... Mobile

Email Occupation

Are you / were you a member of a golf club in the last 10 years:

Golf Club #1

Golf Club #2

Current affiliated club handicap (if any) CDH number (if known)

Previous handicap (if lapsed or not in WHS)

Background:

1. Why do you want to join Longcliffe Golf Club (as opposed to other golf clubs in Leicestershire) ?

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2. How did you get to know about Longcliffe Golf Club (i.e. through visiting it, social media, competition, Friends ...) ?

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3. Is improving your game / lowering your handicap a priority for you (Yes / No) ?

4. Are you interested in becoming part of the Longcliffe GC volunteer group, undertaking maintenance and ecology activities around the course (Yes / No ?

5. Is your wife / husband / Partner interested in learning or playing golf (Yes / No) ?

6. If you have a family, are your children interested in learning or playing golf (Yes / No) ?

Verification:

1. Have you either been refused membership or your yearly renewal refused at a Golf Club in the last 10 years (Yes / No) ?

If yes to the above question, please provide name of golf club

2. Do you have a criminal record (Yes / No) ? [If you feel uncomfortable answering this question, please leave blank. Longcliffe Golf Club Office may later contact you].

Please provide one personal reference, ideally from your place of work at a senior level:

Name: Mobile:

Company Name:

On signing and submitting this membership application form to Longcliffe Golf Club, you fully understand that should you become a member, you must abide by the Articles and Byelaws of Longcliffe Golf Club (included on our Website) and observe both the etiquette and dress code expected of a member at Longcliffe Golf Club. Failure to do so might result in membership cancellation. Furthermore, you agree that your picture or name can be used for either internal or external advertising or notices (all other personal data will remain confidential). Should you not agree to this or have any further questions, please contact Longcliffe Golf Club Office.

Proposer (if applicable):

Proposed by (*name in capitals*)

Signature of Proposer Date.....

I have known the applicant personally for..... years.

Candidates having no proposer may apply for membership and if successful will be subject one year's probation. If during that time the Board of Directors consider the candidate to be unsuitable for membership, the candidate's membership will be terminated forthwith, with no return of fees.

Signature of applicant **Date**.....

Applications for membership for persons under the age of 18 require in addition the signature from their Parent or Guardian.

Parent or Guardian signature Date