



Horsforth Golf Club Ltd.

Layton Rise, Horsforth, Leeds LS18 5EX

0113 2586819

Application for Playing Membership

Please complete as fully as possible in BLOCK CAPITALS in black ink.

TITLE	SURNAME	FORENAME(S)	
ADDRESS			
CONTACT NUMBERS: HOME BUSINESS MOBILE E-MAIL			
DATE OF BIRTH			
OCCUPATION <small>(If Retired please state previous occupation)</small>		BUSINESS NAME AND ADDRESS	
*CLASS OF MEMBERSHIP APPLIED FOR Please Delete as Appropriate	Full, 6 Day, 5-Day, Country Membership / Full time Student / Associate (18 to 30 yrs) / Introductory Membership / Introductory Family Membership		
HOW LONG HAVE YOU PLAYED GOLF?			
ARE YOU FULLY AWARE OF THE RULES OF GOLF AND GOLF ETIQUETTE?			
ARE YOU OR HAVE YOU EVER BEEN A PLAYING MEMBER OF A GOLF CLUB?	<i>(If possible please attach a letter of introduction from your previous/other Club.)</i>		
CURRENT GOLF CLUB		PERIOD OF MEMBERSHIP	
CURRENT HANDICAP <i>(Please attach a current handicap certificate if possible)</i>		LOWEST HANDICAP HELD	
PREVIOUS GOLF CLUBS, PERIOD(S) OF MEMBERSHIP AND REASON(S) FOR LEAVING			
IF A BEGINNER, HAVE YOU RECEIVED GOLF LESSONS FROM GOLF PROFESSIONAL?	YES / NO		
HAVE YOU SERVED ON ANY GOLF CLUB COMMITTEES?		IF SO PLEASE GIVE DETAILS	
HAVE YOU ANY RELATIVES WHO ARE MEMBERS OF THIS CLUB?		IF SO PLEASE GIVE DETAILS	
HAVE YOU EVER PLAYED GOLF AT HORSFORTH GOLF CLUB?	YES / NO	IF YES, HOW MANY TIMES?	
DO YOU PARTICIPATE IN ANY OTHER SPORTS?			
HOW DID HEAR ABOUT HORSFORTH GOLF CLUB?			

I request admission to membership and if and when elected to Full Membership, accept my liability under Clause 4 of the Memorandum of Association (as quoted below), and that in the event of resignation, notice must be given in writing to be received not later than the 30th September in any year, or be liable for subscription for the following year.

To the best of my knowledge and belief the completed information is correct. I agree, if elected, to be bound by the Memorandum and Articles of the Company and the Bye Laws thereof from time to time in force.

Signature..... Date.....

Print Name

A £50 Non Returnable Deposit is required (to be offset against the Entrance Fee or Annual Subscription).

Proposal Form

The applicant has been known to me/us for years. In my opinion he/she will honour his/her obligations to Horsforth Golf Club and I support and recommend their application for Membership, and will introduce him/her to the committee.

Proposed by..... (Signature).....Block Capitals
and

Seconded by..... (Signature).....Block Capitals

Proposers and Seconders must be prepared to be responsible for the applicants good conduct in the Clubhouse and on the Course if accepted as a member, and must have been Full Member of the Golf Club for a minimum of two years. They should be prepared to attend an introduction meeting with their applicant.

Applicants who do not know any members of HGC who have been members for the requisite time at this time please leave blank.

Submission of this Application does not commit the Golf Club to offering Membership of any kind.

Clause 4 of the memorandum of Association

Every FULL (7 Day) member of the Company (not being an Honorary or Country Member) who is or becomes of the age of 21 years or upwards, undertakes to contribute to the Assets of the Company in the event of it being wound up during the time that he is a member, or within one year afterwards, for the payment of the Debts and Liabilities of the Company contracted before the time at which he ceases to be a member, and of the costs, charges and expenses of winding up the Company, and for the adjustment of the right of the contributors amongst themselves, such amount as may be required, not exceeding £25.00.

Office use only:

Date Received: Date of I'view: Date to Council:

Date on Waiting List: Date Admitted:



Horsforth Golf Club Ltd.

Layton Rise, Horsforth, Leeds LS18 5EX

01132586819

Application for Junior Membership

Please complete as fully as possible in BLOCK CAPITAL in black ink.

TITLE	SURNAME	FORENAME(S)
ADDRESS		
TELE NUMBERS: HOME MOBILE E-MAIL		
DATE OF BIRTH		
SCHOOL/COLLEGE/ UNIVERSITY/ OCCUPATION		
REASON FOR WISHING TO JOIN HORSFORTH GOLF CLUB.		
LIST ANY MEMBER KNOWN TO YOU PERSONALLY OR RELATED		
CATEGORY OF MEMBERSHIP REQUESTED :- Please Delete as Appropriate	UNDER 10 (Please be aware that a parent must also be a member of the Club) 10 TO 15 YEARS 15 TO 17 YEARS Introductory Family Membership	
PARENT/GUARDIAN RESPONSIBILITY (if under 18years)	I agree to be held responsible for the conduct and behaviour of the applicant both in the Clubhouse and on the Course Signed.....Dated.....	
HOW LONG HAVE YOU PLAYED GOLF?		
CURRENT OR PREVIOUS CLUB		
CURRENT HANDICAP	Certificate attached	YES / NO
ARE YOU FULLY AWARE OF THE RULES OF GOLF AND COURSE ETIQUETTE?		
YES / NO		
IF A BEGINNER, HAVE YOU HAVE RECEIVED INSTRUCTION FROM OUR PROFESSIONALS?		
YES / NO		
Have you attended group lessons at Horsforth Golf Club? YES / NO		
CONFIRMED NUMBER OF LESSONS Club professional to sign	Number of lessons Signed	
DO YOU PARTICIPATE IN ANY OTHER SPORTS?		

To the best of my knowledge and belief the completed information is correct. I agree, if elected, to be bound by the Memorandum and Articles of Horsforth Golf Club and the Bye Laws thereof from time to time in force.

Signature.....Date.....

Acceptance of this Application does not commit the Golf Club to offering Membership of any kind.