

# WHITBURN GOLF CLUB LIMITED

LIZARD LANE SOUTH SHIELDS TYNE AND WEAR NE34 7AF  
TEL: (0191) 529 2144/2177/2180/4210 – SECRETARY Option 1; CLUBHOUSE Option 2;  
PROFESSIONAL Option 3

## **APPLICATION FOR ADULT MEMBERSHIP** – (To be completed in ink)

To the Secretary

I wish to apply for Membership of the Whitburn Golf Club Limited. I agree, if elected, to be bound by the Memorandum and Articles of Association and bylaws of the Club for the time being in force. The following particulars are correct:-

Type of Membership: **FULL**

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation or Status: \_\_\_\_\_

Contact No: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Other Clubs (if any): \_\_\_\_\_ Handicap: \_\_\_\_\_

Email address: \_\_\_\_\_ CDH Number \_\_\_\_\_

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

Have you been introduced to the club by another member? Yes / No

Members Name (Optional): \_\_\_\_\_

**N.B. EACH MEMBER SHALL BE LIABLE FOR HIS OR HER OWN ACTS OR DEFAULTS AND SHALL INDEMNIFY THE CLUB FROM AND AGAINST ALL CLAIMS IN RESPECT THEREOF. (Article 53 of the Club Articles of Association)**

### **ANNUAL SUBSCRIPTIONS**

(As displayed on the main notice board)

Subscription year is from 1<sup>st</sup> January to 31<sup>st</sup> December.

If not joining for the full year, reduced rates may apply from 1<sup>st</sup> July onwards, and 1<sup>st</sup> September onwards. Please contact the Secretary for the applicable rate.

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If at the present time all adult membership is full. I will, if you wish, hold your name on file for consideration in the future.

PLEASE HOLD MY NAME ON FILE.....Signature.

Application form and payment of £25 acknowledged by Whitburn Golf Club. R-24/05/11  
Your name is now on the waiting list.