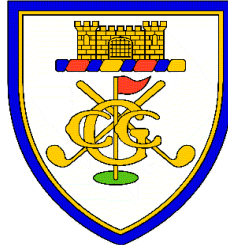


CLYNE GOLF CLUB LIMITED

118/120 Owls Lodge Lane
Mayals
Swansea
SA3 5DP



Telephone: (01792) 401989
E-mail: manager@clynegolfclub.com
Web site: www.clynegolfclub.com

NOMINATION OF CANDIDATE FOR MEMBERSHIP

FULL NAME (Block capitals):

ADDRESS:

..... POST CODE:

TEL. NO. (Home): E-MAIL (Home):

TEL. NO. (Business): E-MAIL (Business):

MOBILE PHONE: DATE OF BIRTH:

OCCUPATION : CATEGORY APPLIED FOR:

PREVIOUS CLUB: EXACT HANDICAP:
(Where applicable) (Where applicable)

***APPLICANTS WHO ARE PRESENTLY MEMBERS OF ANOTHER GOLF CLUB MUST PRODUCE
A VALID HANDICAP CERTIFICATE FROM THEIR PRESENT CLUB***

***APPLICANTS WITHOUT A HANDICAP MUST TAKE A COURSE OF LESSONS WITH
THE CLUB PROFESSIONAL BEFORE PLAYING ON THE COURSE***

I hereby apply for membership of Clyne Golf Club. I consent to this application being examined in accordance with the Rules and Bye Laws of Clyne Golf Club. I accept that enquiries will need to be made about me and that the above particulars will be displayed on the main notice board for 7 days. I am willing to attend an interview with the New Members Sub-Committee at which my proposer and seconder may also be present. If at any time I wish to withdraw no further action will be taken. If invited into membership I agree to accept and be bound by the Rules and Bye Laws of Clyne Golf Club.

APPLICANT'S SIGNATURE: DATE:

We, the undersigned, being the Proposer and Seconder, and having held membership for three years, hereby propose the above named for membership of Clyne Golf Club and are prepared to accompany the applicant at the New Members Sub-Committee interview.

PROPOSER (Block capitals):

SIGNATURE: DATE:

SECONDER (Block capitals):

SIGNATURE: DATE:

