



APPLYING FOR MEMBERSHIP AT WEST KENT GOLF CLUB

NAME:

ADDRESS:

.....

POST CODE:

PHONE NUMBERS: **MOB**.....

EMAIL ADDRESS:

DATE OF BIRTH:

OCCUPATION:

PRESENT CLUB: **HANDICAP**.....

CATEGORY OF MEMBERSHIP REQUIRED: FULL/WEEKEND/JUNIOR/SOCIAL

*I undertake, if elected a Member of the Club, to abide by the Rules, Dress Code and Bye-Laws of the Club.
I understand that I must notify the Secretary in writing, not later than 31st March in any year, of my intention to
resign or transfer the Membership for which I now apply.*

SIGNATURE:

DATE:

SPONSORED BY*: **SIGNATURE**.....

SECONDED BY*: **SIGNATURE**.....

SIGNATURE:

*leave blank if not applicable, prospective Members who are new to the area can be played in by a Member from Council.

Please return to the **Secretary**,
West Kent Golf Club, Milking Lane, Downe, Kent, BR6 7LD