



Social Membership Application Form

Title: _____ Forename: _____ Surname: _____

Date of Birth: _____ Contact Number: _____

Occupation: _____ Email: _____

Address 1: _____

Address 2: _____

City/Town: _____ Postcode: _____

Proposed by:

(must be an existing FULL MEMBER of no less than TWELVE MONTHS standing)

Name (Block capitals): _____

Signature: _____

Seconded by:

Name (Block capitals): _____

Signature: _____

Notes:

- Annual subscription will be £25.00 per year
- Applications for Social Membership should be addressed to the Social Chairman.

IF ACCEPTED I AGREE TO ABIDE BY THE RULES OF DUKINFIELD GOLF CLUB.

SIGNATURE: _____ DATE: _____