



Stackstown Golf Club

Membership Application Form

PLEASE USE BLOCK CAPITALS

<i>Sections</i>	<i>Details</i>
Full Name: (BLOCK CAPITALS)	
Date of Birth: (DD/MM/YYYY)	
Email: (BLOCK CAPITALS)	
Alternative Email: (BLOCK CAPITALS)	
Address:	
Day Time Phone Number:	
Mobile Phone Number:	
Membership Category: <i>Please tick applying option</i>	<i>Full Membership</i> <input type="radio"/> <i>6-Day</i> <input type="radio"/> <i>5-Day</i> <input type="radio"/> <i>Pavilion</i> <input type="radio"/> <i>Other Membership Type:</i>
Stackstown Club Members Known:	
Previous Golf Club:	
Previous Handicap: (<i>Lowest/ Highest</i>)	
Previous Golfing Experience:	

Proposer and Seconder (both must be current playing Members of Stackstown and playing Members for at least 2 years)

Proposer - Printed Name	
Proposer - Signature	
Relationship to Applicant	
Seconder - Printed Name	
Seconder - Signature	
Relationship to Applicant	



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Information gathered via this application is strictly for club use and associated golf bodies, e.g. GUI, CGI, handicap and membership systems, and is not shared with any third party.

Your name and partial address will be displayed in the Club for a period of 7 (seven) days prior to your application being considered by the Management Committee. Please tick here that you consent to your limited data been shared this way.

Note: The Allotment of Handicap at Stackstown Golf Club is the responsibility of the Handicap Committee who will advise you of the procedures to obtain a handicap in accordance with Clause 16 of the CONGU UHS.

If you have not yet met our Membership Team, they will be in touch with you to arrange an interview.

If elected, I agree to be bound by and to observe all Rules and Regulation of Stackstown Golf Club during my Membership.

Signed: _____

Date: _____