

APPLICATION FORM FOR MEMBERSHIP of DIDSBURY GOLF CLUB LTD
Ford Lane, Northenden, Manchester, M22 4NQ
Tel: 0161-998-9278

The Club Manager,
Didsbury Golf Club.

Date:201.....

Dear Mr. Mort,

I wish to become a Member (please TICK appropriate box below) of the Didsbury Golf Club and would be grateful if you will place my application before your committee.

7-Day	6-Day	5-Day	7-Day Restricted Lady	Student	Junior	Non- Playing Social

Yours sincerely,(Signature)

PLEASE COMPLETE IN BLOCK CAPITALS.

Name in Full.....

Permanent Address.....

.....

Post Code..... Home Tel..... Mobile:.....

Date of Birth.....AGE.....

Profession or Occupation

Email Address.....

Social & Golf Clubs Handicap

Note: Before returning this form to the Manager, the applicant is requested to obtain the signatures of two members of the Club who are personally acquainted to him and are willing to propose and second the Nomination. The Proposer must have been a member of Didsbury Golf Club for at least two years. Please contact the Manager if you are unable to obtain signatures of two sponsors.

Signature of Proposer

PRINT NAME

To whom the Candidate has been known for years.

Signature of Seconder.....

PRINT NAME

To whom the Candidate has been known for years.