



HOYLAKE GOLF CLUB

Application Form

Affiliated to the Cheshire Union of Golf Clubs & The English Golf Union.

Applicants Name: Age:

Address:
.....

Post Code:

Phone No: E-Mail:

Please Return to **Mike Down, Club Secretary, Hoylake Golf Club, Carr Lane, Hoylake, CH47 4HB.**

Are you, or have you ever been a member of another Golf Club?

..... Golf Club. From To

..... Golf Club. From To

Current, or if not current, previously attained lowest handicap.

If you intend to remain a member of another golf club, is responsibility for your handicap to be transferred to Hoylake Golf Club? **Yes / No** (*Delete as necessary*).

If you intend to transfer your handicap to Hoylake GC please obtain a current handicap certificate.

If you are not a member of another EGU affiliated golf club, Hoylake GC will assess you and award a handicap.

Declaration:

(To be completed by the Proposer & Seconder)

We, the below named, having been members of Hoylake Golf Club for more than 3 years, believe the above named candidate to be a suitable person to be elected as a member of the Hoylake Golf Club.

Proposed by: Signature:

Seconded by: Signature:

It is preferred, but not essential to have a proposer and seconder. Each application will be considered on its own merits.

Signature of Applicant: **Date:**