



Boat of Garten Golf & Tennis Club

Membership Application

Category of Membership? - Adult / Junior / Family (please circle)

Title _____ **Full Name** _____

Home address _____

_____ Postcode _____

Telephone No. _____ Mobile Phone No. _____

Email Address _____ Date of Birth _____

Local Address (if applicable) _____ Postcode _____

Telephone No. _____ Occupation _____

Signature _____ Date _____

Family Membership Only (full names)

Adult A _____ As above _____ D.o.B. _____

Adult B _____ D.o.B. _____

Child 1 _____ D.o.B. _____

Child 2 _____ D.o.B. _____

Child 3 _____ D.o.B. _____

The applicant must be known personally to both the Proposer & Seconder both of whom must have been Members for at least a year.

PROPOSER – Name (Block capitals) _____

Address _____ Post Code _____

Signature _____ Date _____

SECONDER – Name (Block capitals) _____

Address _____ Post Code _____

Signature _____ Date _____