



SONNING GOLF CLUB LTD

Duffield Road, Sonning-on-Thames, Berkshire. RG4 6GJ.

Secretary: 0118 969 3332

Email: secretary@sonning-golf-club.co.uk
golf@sonning-golf-club.co.uk

Website: www.sonning-golf-club.co.uk

Application for Membership

PLEASE COMPLETE IN BLOCK CAPITALS:

Full Name: Mr/Mrs/Ms/Miss.....

Address:

..... Postcode:

Telephone No: Mobile No:

Date of Birth: Occupation:

E-mail Address:

Please Indicate Type of Membership required (Colts & Juniors include D.O.B.):

7 Day Adult 5 Day Adult Colt (18-25) Junior (10-14) ... Junior (15-17) Social

Have you any relations who are Members of Sonning Golf Club? Yes/No

If yes, please state name and relationship.

Club Memberships:

.....

.....

Current Handicap (please attach certificate)..... Will SGC be your Home Club Yes/No

Applicant Signature: Date:

Proposed by: Print name: Signature:

Note:1 Proposer must have been an adult member for at least two years and must know the applicant well enough to give a sensible appraisal of their suitability for Membership.

Note:2 Applications from candidates moving into the local area, must be signed by the previous Club Secretary acting as proposer and seconded by another Club Official. The form should also be submitted with accompanying letters.
