

**Sapey Golf Club  
Upper Sapey  
Nr Worcester  
Worcestershire WR6 6XT**

**APPLICATION FOR MEMBERSHIP**

Name (in block letters) \_\_\_\_\_

Address (in block letters) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Post Code \_\_\_\_\_ Telephone No. \_\_\_\_\_

Business or Profession \_\_\_\_\_

I hereby apply for Membership of Sapey Golf Club as a:- (please tick applicable box)

- |                       |                          |
|-----------------------|--------------------------|
| ◆ FULL PLAYING MEMBER | <input type="checkbox"/> |
| ◆ FIVE DAY MEMBER     | <input type="checkbox"/> |
| ◆ JUNIOR MEMBER *     | <input type="checkbox"/> |
| ◆ COUNTRY MEMBER      | <input type="checkbox"/> |

\*Date of Birth \_\_\_\_\_ Senior (Over 55) Y/N

I UNDERTAKE THAT, if elected to Membership to observe and conform to the Rules, Regulations and Byelaws of the Club at all times.

Signed \_\_\_\_\_

Dated \_\_\_\_\_

Previous Club(s) \_\_\_\_\_

Handicap (please enclose certificate ). \_\_\_\_\_

Proposed by: Name (in block letters) \_\_\_\_\_

Signed \_\_\_\_\_

Seconded by: Name (in block letters) \_\_\_\_\_

Signed \_\_\_\_\_

Proposer and Seconder must be members of Sapey Golf Club.  
Please return form to Club Secretary at the above address.

LYNN/APPFORM