



MEMBERSHIP PROPOSAL FORM

I hereby propose:

Title (Mr, Mrs, Miss, Other): _____ Surname: _____

First Name(s): _____

as a 7 Day* / 7 Day Off Peak* / 6 Day* / 5 Day / Junior* / Social* / Country Member*
of Kirby Muxloe Golf Club.
(*Delete as appropriate)

Address: _____

_____ Post Code: _____

Home ☎: _____ Business ☎ _____ Mobile: _____

Email: _____

Date of Birth: _____ Age: _____

Current Club: _____ Golf Club. Current Handicap Index: _____

I agree at all times to be bound by the Rules & Regulations of Kirby Muxloe Golf Club.

Signed: _____ Date: _____
(Membership Candidate)

PROPOSED BY:

I certify that the above applicant has been known personally to me for _____ years

I confirm that I have been a Full Playing member of Kirby Muxloe Golf Club for _____ years

Name: _____ Signature: _____ Date: _____

SECONDED BY:

I certify that the above applicant has been known personally to me for _____ years

I confirm that I have been a Full Playing member of Kirby Muxloe Golf Club for _____ years

Name: _____ Signature: _____ Date: _____

Office use only:

Date Received: _____ Date to Council: _____ Date of Interview: _____

Priority Rating: _____ Date on Waiting List: _____ Date Admitted: _____

Signed : _____ Date: _____

THIS FORM TO BE RETURNED TO THE CLUB MANAGER