



**Lightcliffe Golf Club**  
**Knowle Top Road**  
**Lightcliffe, Halifax**  
**West Yorkshire**  
**HX3 8SW**  
Telephone: 01422 - 202459

I apply for membership of Lightcliffe Golf Club, and if accepted, agree to become bound by the Articles of Association for the time being in force, a copy of which can be inspected by arrangement at the registered office of the Company. I give below the particulars which I understand are required for consideration of this application.

Title: ..... Forenames: .....

Surname: .....

Address:.....

.....

Post Code: ..... Telephone No:.....

e-mail Address: .....

Date of Birth:..... Occupation:.....  
(Age 24 and under only) -

Golf Clubs of which I am, or have been, a member:.....

..... Current Handicap ? :.....

Category of Membership required

.....  
(A full list of Membership Categories are listed overleaf, together with other information)

Proposer & Seconder, who have been members of the Company for at least 2 years

Proposer: ..... Signature:.....

e-mail address:.....

Seconder:.....Signature:.....

e-mail address:.....

I certify that I have not been disciplined by the committee, or had membership withdrawn from any Golf Club. If my application is accepted, will you please enter my name in the register of members of the Company.

Signature: ..... Date: .....

*Please return this application form to : The Membership Secretary at the address printed above.*