

ST MELLONS GOLF CLUB MEMBERSHIP PROPOSAL FORM

Surname:	First Names:
Home Address:	
	Postcode:
Tel Numbers: (Home)	(Mobile):
E-mail:	
Date of Birth: Occup	ation:
Marital Status:	
Golf Club Membership (past and present):	
Handicap (Quote CDH number where applicable):	
Type of Membership required: Full / Social / Country / C	Other
We declare that we wish to propose and second the above-named as a Member of St Mellons Golf Club and confirm that he / she will abide by its Rules and Constitution.	
Signed (Proposer):	Signed (Seconder):
PRINT NAME:	PRINT NAME:
IT IS IMPORTANT THAT THE PROPOSER COMPLETES THE REVERSE OF THIS FORM I confirm that I wish to apply for Membership of St Mellons Golf Club.	
Signature:	Date:

Please return this form to: THE GENERAL MANAGER
ST MELLONS GOLF CLUB
VAENDRE LANE
ST MELLONS
CARDIFF CF3 2XS

THE PROPOSER MUST PROVIDE THE MAXIMUM INFORMATION OF HIS NOMINEE

Does the candidate have a criminal conviction (other than a traffic offence)? Yes / No*
If 'yes' – please give details:
Do you have any knowledge of any matter that may now, or in the future, cause embarrassmento, or bring the Club into disrepute? Yes / No*
If 'yes' – please give details:
His / Her profession (add name of Company if applicable):
His / Her exact role in the Company:
Previous Companies he/she has been involved in:
Social activities – any other interests or hobbies:
Is the candidate a relative of a member – Yes / No* If 'yes' – please give details:
How long have you known the candidate and in what capacity?
Why does he/she wish to join St Mellons Golf Club?
Any other information you deem relevant: