

APPLICATION FOR MEMBERSHIP 2018-19

Membership Category:.....

Full Name:.....,

Residential Address:.....

Postal Address:.....

Phone:.....Mobile:.....Email:.....

Applicant's Signature:.....

Proposer (print name):.....

Proposer's Signature:.....

Secunder (print name):.....

Secunder's Signature:.....

Previous Club:..... Previous Handicap:.....

Date of Birth (compulsory for Seniors, Juniors & Students):.....

*Membership applications can be forwarded online to kynetongolfclub@gmail.com,
posted to the club or delivered by hand.*

*The Committee will consider the application at its next monthly meeting and notify you soon
thereafter.*

See over page for Membership Categories and Subscriptions.

Office Use Only: Payment Received: \$......Rec #:.....

Payment Method:..... Payment Date:.....