

**Clwb Golff Ffestiniog Golf Club**

**Application for Membership**

Full Name and Address .....  
(In Capital Letters) .....

Occupation .....

Name of other clubs of which you are a member. ....

Membership Required

Membership Type	Please Tick	
Ordinary Membership	<input type="checkbox"/>	
Lady Membership	<input type="checkbox"/>	
Joint Membership	<input type="checkbox"/>	
House Membership	<input type="checkbox"/>	
Junior Membership	<input type="checkbox"/>	Date of Birth:

I undertake to abide by the Rules and Constitution of the Ffestiniog Golf Club and acknowledge that my membership can be terminated by the Executive Committee at any time in accordance with the Rules of the Ffestiniog Golf Club if my conduct on the Course, in the Clubhouse or within the confines of the Clubhouse, be, in the opinion of the Executive Committee, such as to endanger the Character, good order or welfare of the Club, or if I infringe the Accepted Rules of Behaviour or cause annoyance to other users of the Course or of the Clubhouse.

Signature: .....

Date: .....

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We, the undersigned, certify that we are fully paid-up Ordinary members, (or Lady member) of the Ffestiniog Golf Club, that the applicant is known to us personally and that we consider him/her to be suitable for membership of the Ffestiniog Golf Club.

Proposed By:

Signature: .....

Date: .....

Seconded By:

Signature: .....

Date: .....

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Accepted  Rejected