

WHITBURN GOLF CLUB LIMITED

LIZARD LANE SOUTH SHIELDS TYNE AND WEAR NE34 7AF
TEL: (0191) 529 2144/2177/2180/4210 – SECRETARY Option 1; CLUBHOUSE Option 2;
PROFESSIONAL Option 3

APPLICATION FOR GOLF CLUB MEMBERSHIP – (To be completed in ink)

To the Secretary

I wish to apply for Membership of the Whitburn Golf Club Limited. I agree, if elected, to be bound by the Memorandum and Articles of Association and bylaws of the Club for the time being in force. The following particulars are correct:-

Type of Membership: **FULL MALE or FEMALE / JUNIOR / FLEXIBLE / SOCIAL**

(Please delete non-applicable)

Full Name: _____

Address: _____

Occupation or Status: _____

Contact No: _____ Date of Birth: _____

Other Clubs (if any): _____ Handicap
Index: _____

Email address: _____ CDH Number _____

Are you a Durham County Privilege Scheme Member? YES / NO

Signature: _____ Date: _____

Have you been introduced to the club by another member? Yes / No

Members Name (Optional): _____

N.B. EACH MEMBER SHALL BE LIABLE FOR HIS OR HER OWN ACTS OR DEFAULTS AND SHALL INDEMNIFY THE CLUB FROM AND AGAINST ALL CLAIMS IN RESPECT THEREOF. (Article 53 of the Club Articles of Association)

ANNUAL SUBSCRIPTIONS (Subscription Year from Jan. 1st to December 31st)
(As displayed on the main notice board)

If, at the time of applying, membership is full, the club, if you wish, will hold your name on file for consideration in the future.

PLEASE HOLD MY NAME ON FILE.....

Signature. _____

(Below section to be completed by club)

Date of Payment Amount Paid Payment Method
Payment received by (signed for Club)

R-19/11/2025