



# CLWB GOLFF Y BALA GOLF CLUB

## CANDIDATE FOR ELECTION AS FULL PLAYING – SOCIAL – JUNIOR MEMBER

I (Full Name):

DESIRE TO BECOME A  MEMBER OF  
BALA GOLF CLUB. AND IF AGREED , TO BE BOUND BY THE RULES  
OF THE CLUB

DATED:

SIGNED

ADRESS

e-mail:

IN ACCORDANCE WITH CLUB RULE 9(a) THE APPLICANT MUST BE PROPOSED  
OR SECONDED BY A MEMBER OF COUCIL

PROPOSED BY

=====

WELCOME TO BALA GOLF CLUB. TO ALLOCATE A FAIR HANDICAP COULD  
YOU PLEASE ANSWER THE FOLLOWING:

DO YOU HAVE A GOLF HANDICAP AT PRESENT  
OR HAVE YOU HELD A HANDICAP THAT HAS LAPSED

IF YES   
YOUR PRESENT HANDICAP OR YOUR HANDICAP WHEN YOU LAST PLAYED

IF NO   
HAVE YOU PLAYED GOLF ON A REGULAR BASIS BUT NOT HELD A HANDICAP

DO YOU WICH BALA GOLF CLUB TO BE YOUR HOME CLUB FOR HANDICAP PURPOSES