# WESTLAKE GOLF CLUB <br> APPLICATION FOR MEMBERSHIP 

PLEASE COMPLETE IN BLOCK LETTERS ONLY
APPLICANT'S FULL NAME Mr. Mrs. Miss Ms Dr. Prof.

CATEGORY REQUIRED
(Full, 5 Day A, 5 DayB, Graduate, Prentice, Student, Social, etc - See Attached Descriptions)


Date Signature


Date
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Signature
DETAILS OF APPLICANT


Clubs of which the Candidate is, or has been a member, stating period of membership:

Particulars of any Committees of which the Candidate has served on, or is currently serving on, with any of the above Clubs:

Does the Candidate have any relatives who are currently members at Westlake Golf Club? If YES, please print their full names:

Has the Candidate been requested to resign from, or refused membership of, any other Club? If so, please give particulars.

Current handicap
Lowest previous handicap

If elected, I will abide by the rules and by-laws of the Club.

Date Signature


