THE BELGAUM GOLF ASSOCIATION

Regd. No. DR/SOR/203/97-98 APPLICATION FOR MEMBERSHIP

Type of Membership applying for	
Full Name	РНОТО
(in Block Letters)	
Occupation:	
Address - Office:	
Address - Home:	
Phones No: Fax No: E- mail id :	
Detail of your profession / occupation/business in brief: Attach additional sheets if required:	į.
Date of Birth:	
If married, Spouse' Name:	
Names with Dates of Birth of Dependent Children:	
Name of Bankers:	
Membership details of other clubs, if any:	
If playing Golf, Handicap and name of the club:	
Name and Signature of the Proposer :	
Name and Signature of the Seconder :	
Details of payment made, with PAN Details of payee:	
DECLARATION: I declare that to the best of my knowledge, the particulars furnished above are correct. In the event of being admitted as a member, I shall abide by the Rules and Regulations of the Belgaum Golf Association, in letter and spirit.	
Signature of the Applicant Date	
Payment Receipt No. Remarks by the Managing Coun	cil