



KIRKINTILLOCH GOLF CLUB

APPLICATION FOR MEMBERSHIP



I hereby apply for ORDINARY / ASSOCIATE / (Mid Week) / COUNTRY / SOCIAL / JUNIOR / INTERMEDIATE membership of Kirkintilloch Golf Club. *(Please delete those categories not applicable).*

Applicant's Full Name (Mr/Mrs/Miss)

Home Address

.....

Post Code

Telephone Number

Email Address:

Date of Birth

Occupation

Are you currently a member of any other Club? Yes No

Have you previously been a member of a Golf Club? Yes No

Name of Club

Handicap

Applicant's SignatureDate

We the undersigned Members, knowing the above named to be a suitable applicant, recommend him/her for membership.

Proposer's Full Name (block letters)

Proposer's Signature

Seconder's Full Name (block letters)

Seconder's Signature

THE SECRETARY
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