

PRESTWICK ST CUTHBERT GOLF CLUB

MEMBERSHIP APPLICATION FORM

This form should be submitted to the Club Secretary along with a Nomination Fee of £25.00. This sum shall be deducted from the Entrance Fee on election, or returned if written withdrawal is received before the date of election. Contact Secretary if you don't know anyone at Club to propose you.

FULL NAME

FULL ADDRESS
POST CODE:

HOME PHONE NO. MOBILE PHONE NO.

E-MAIL ADDRESS

DATE OF BIRTH AGE IF UNDER 18

OCCUPATION

ARE YOU A MEMBER OF ANY OTHER GOLF CLUB? YES/NO

DO YOU HAVE A CURRENT HANDICAP? YES/NO

IF YES, PLEASE GIVE DETAILS AND ATTACH HANDICAP CERTIFICATE

HAVE YOU PREVIOUSLY BEEN A MEMBER OF ANY OTHER GOLF CLUB? YES/NO

DID YOU HAVE A PREVIOUS HANDICAP? YES/NO

IF YES, PLEASE GIVE DETAILS OF CLUB AND HANDICAP

APPLICANT'S SIGNATURE DATE

NOMINATION FOR MEMBERSHIP BY EXISTING MEMBERS:

We, the undersigned members, wish to nominate the above named person for membership of Prestwick St Cuthbert Golf Club. In doing so we consider the applicant to be of good character and know of no reason why he/she should not be accepted as a member.

PROPOSED BY (Sign and Print)

SECONDED BY (Sign and Print)

SIGNED BY COUNCIL MEMBER (Sign and Print)

OFFICE USE:

APPLICATION NUMBER £25 DEPOSIT RECEIVED - CASH/CHEQUE

DATE ENTERED ONTO GC GOLD

DATE TO COUNCIL

DATE OFFERED MEMBERSHIP:

DATE ACCEPTED: