

Falkirk Tryst Golf Club Proposal For Membership

This form is for Applicants, sixteen or over. Applicants under sixteen should complete the Application for Permit form.

Please <u>PRINT</u> clearly	•
Name of Applicant Date of Birth Address	
Telephone Number e-Mail Address Previous Golf Club & Handicap (if any) Date Applied	Postcode
Proposed by (print)	
Seconded by (print)	
considered by the be deducted from the or returned if the total any privilege of the preferred that A. Proposals, with	25 is required to accompany this application before it will be the General Committee. This deposit is returnable and will either to the Entrance Fee when the application is accepted as a Member the offer of Membership is declined. It does not entitle the applicant test of the Club. The received without a Proposer and/ or Seconder however it is applicants are nominated. The deposit, should be addressed to The Secretary, Falkirk Tryst Golf the Road, Larbert, FK5 4BD.
Considered by Commi	ttee Approved