

PRESTWICK ST CUTHBERT GOLF CLUB

MEMBERSHIP APPLICATION FORM

This form should be submitted to the Club Secretary, and membership will begin on payment of the appropriate fees. Proposer/Secunder is not mandatory.

FULL NAME (including middle names)

FULL ADDRESS
POST CODE:

HOME PHONE NO. MOBILE PHONE NO.

E-MAIL ADDRESS

DATE OF BIRTH AGE

OCCUPATION

CURRENT/PREVIOUS GOLF CLUB (if applicable)

IS ST. CUTHBERT TO BE YOUR HOME CLUB? YES / NO

CURRENT HANDICAP (attach Handicap Certificate if applicable)

CDH NUMBER (if applicable)

APPLICANT'S SIGNATURE DATE

DATA PROTECTION: Permission is given for Personal Data to be shared within Club (tick as appropriate): YES NO

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: PAYMENT RECEIVED - CASH/CHEQUE

DATE ENTERED ONTO CLUBV1:

DATE TO COUNCIL:

DATE OFFERED MEMBERSHIP:

DATE ACCEPTED: