



## Applying for Membership of Lundin Golf Club

Please complete the enclosed form including the name of a Proposer and Secunder who have both known you and been members of the club for 2 or more years. If you do not know any members please include a letter of introduction from your present golf club, or we can arrange for a meeting with the Captain and another Council Member. Please include an application fee of £50 along with your form. (This fee does not apply to Juniors)

The Council will consider your application at its Committee meeting which is on the third Wednesday of each month. Once your application has been approved your name will be added to the waiting list until a space becomes available.

When you are offered a membership the application fee will be deducted from your invoice.

In the event of an offer being made and you not being in a position to take it up, you have the option to defer the offer once. Your name will then be added back to the bottom of the list.

# Lundin Golf Club



## MEMBERSHIP APPLICATION FORM

In order to process your application, we need to request some personal information from you.

Here is an explanation of why we might need this information.



**Your contact details** We require these details from you in order to keep in touch. You can choose which details you choose to provide however, it would be helpful to have your postal address, email address and phone number(s).

**Your age** The club has some age related discounts for members, to be able to take advantage of these, please provide your date of birth. Entry to some competitions is dependant on age, in order to compete in these you may wish to include your date of birth.

**Previous club** To verify your handicap it would be helpful to have the details of any previous club where you have been a member.

Please indicate below the type of membership.

- Full Member  Junior Member (12-17)
- Young Member (23-24)
- Youth Member (18-22)

### Your contact details

(Items marked with an asterisk are mandatory)

\*Title (Mr, Mrs, Miss, Ms etc):

\*Full Name:

\*Permanent Address:

Postcode:

Home Tel No:  Work Tel:

Mobile:

Email Address:

Parental Email Address (required for age 16 and under):

# Lundin Golf Club

## MEMBERSHIP APPLICATION FORM



### Your Age

Date of Birth:

### Details of past or current golf clubs

Club Name:

Dates:  Handicap:

Club Name:

Dates:  Handicap:

Current Handicap (if any):

CDH no:

If previously a member of Lundin Golf Club, give dates:

Selected Home Club:

I hereby apply for my membership of Lundin Golf Club and, if admitted I agree to abide by the rules of the Club. (Parent must countersign if age 16 and under)

Signature:

Date:

### Keeping in touch

Please tick here if you would like to be kept up to date with regular mailings from Lundin Golf Club. We will not pass on any of your details without your permission.

### Certification of Sponsors

#### Proposer:

Full Name:

Years Known:

Address:

Signature:

#### Secunder:

Full Name:

Years Known:

Address:

Signature:

Please return to: The Secretary, Lundin Golf Club, Golf Rd, Lundin Links, Fife, KY8 6BA