



The West Lothian Golf Club
Airngath Hill, Linlithgow, EH49 7RH
Tel: 01506 826030
email manager@westlothiangc.com

APPLICATION FOR MEMBERSHIP

Name _____ Tel Home _____ 01 _____

Address _____ Mobile _____ 07 _____

_____ email _____

Post Code _____

DOB _____

Type of Membership

Full	5 Day	Country	Lifestyle	Junior	12-17	18-21	22-25	Social

Have you previously been a Member of a Golf Club

Yes	No

If Yes Name of Club and period of Membership; _____

CDH number if known; _____

Handicap

Current	Lapsed

It is understood that until such time as the Council of The West Lothian Golf Club accepts this application the applicant does not have any privileges of the category of membership applied for.

Proof of Age or Residence may be required on application

Applicants should note that application fees are non refundable in the event of withdrawal of application or early resignation from membership.