



Membership Application Form

Applicant Name

Address

Postcode

Date of Birth

Home Tel.

Mobile Tel.

Email address

Type of Membership required

Full	5 Day	Country	Junior U11	Juvenile 12-17	18-21	22-25	26-28
------	-------	---------	---------------	-------------------	-------	-------	-------

Have you previously been a Member of a Golf Club? Yes No

If Yes Name of Club CDH Number (if known)

Handicap (If applicable) Is this handicap Current or Lapsed? 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.

I, the above applicant, accept the foregoing conditions

Signature Date

