



MERCHANTS OF EDINBURGH
GOLF CLUB

APPLICATION FOR JUNIOR MEMBERSHIP

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

Name: _____

Address: _____

_____ Post Code _____

Telephone No. _____ E mail _____

Parents' email: _____ Date of Birth _____

School/College Attended : _____

Other Clubs (if any) _____

CDH No. _____ Handicap (Certificate attached) _____

Applicants for Junior Membership must be less than 18 years of age.

I hereby declare that this is a genuine application for membership of Merchants of Edinburgh Golf Club. I undertake to submit to, and be bound by, the Rules and Bye-Laws of the Club.

For the purpose of the Data Protection Act 1984, I have no objection to my membership data being held on computer.

Signed _____ Date _____

Parent/Guardian

Signed _____ Date _____

For Office Use Only

<u>Date Received</u>	<u>Club Systems V1 Updated</u>	<u>Welcome Pack Sent</u>
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