KINROSS GOLF CLUB, LTD
Registered in Scotland No. 1750 R (S)

Golf Clubhouse, Beeches Park, Kinross KY13 8EU
Tel:01577 862237   Fax: 01577 862309
E-mail: office@kinrossgolfclub.co.uk

I hereby apply for the category of Membership, indicated below, of **KINROSS GOLF CLUB**, subject to the terms of the Constitution of the Club.

PLEASE PRINT IN BLOCK CAPITALS	
Name:	Date of Birth:
Address:	Phone – Home:
	Mobile
Postcode:	
Email:	

Golf Details:	
Handicap Index:	CDH Number:
Previous Clubs (If Applicable)	

Membership Categories:		Tick for Application:
Full Member	Age 31+	
Young Adult	Age 18 – 25	
Intermediate	Age 26 – 30	
Five Day Member	Monday to Friday inclusive	
Country Member (Non-Voting)	Must reside 50 miles from Kinross	
Returning Member	Members who have left within ? years	

Credit facilities for fee payment are available:	Required - YES / NO

Signature:	Date:

If you require any further information please call the Office Manager on 01577 862237.

Data Protection – We will not pass your personal information on to any 3rd Party.
General Data Protection Regulation – a copy of our Policy is available on request or via the website.

<u>Membership Terms & Conditions</u>

By returning this Form complete with your Deposit you are agreeing to have your name and address displayed on the Club Notice Board for a minimum of seven days.

The Application will then be presented to Committee for approval.

During the above process prospective Members will be eligible to play non-competitive golf as a temporary member.

Given the Application is acceptable the offer of Membership will be open for fourteen days after which the offer shall be withdrawn.

The deposit already paid shall be deducted from the appropriate due subscription.

Once Membership has been established both member and Club are bound by the Constitution of Kinross Golf Club.

Should for any reason the Application be refused, playing rights will be revoked and the Deposit returned in full.

A £50.00 deposit is required with your Application

OFFICE USE ONLY:

Date Application Received:	
Date Application Approved:	