



RENFREWSHIRE LADIES' COUNTY GOLF ASSOCIATION

Application for Membership

Full name: Dr/Mrs/Miss/Ms (Block Capitals): _____

Age: (date of birth if under 23) _____

Permanent Address: _____

Post code: _____

Contact Telephone No: _____

E-mail address: _____

Name of Home Club: _____

Are you a member of any other County Golf Association? _____

Name of all Golf Clubs (in any County) of which you are a member:

Congu Handicap: _____ (Handicap limit **24** - at time of application and entry)

CDH Number: _____

Proposers Name* (Block capitals): _____

Signature : _____

Club: _____

Seconders Name*: (Block capitals) _____

Signature: _____

Club: _____

Signature of Applicant: _____

Date: _____

*** Members may only propose or second one person *each year*, and must have been a Member of the Association for not less than three years. Any difficulties with securing qualified proposers or seconders contact the Membership Secretary on the telephone number or email address listed below.**

The completed application should be sent to the Membership Secretary;
Sandra MacDougall, 41 Octavia Terrace, Greenock, PA16 7SR. Tel. No. 01475 724118, or
alternatively it can be scanned and emailed to; sandra.macdougall41@gmail.com.