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1 MAIN STREET, CARNWATH,
SOUTH LANARKSHIRE, ML11 8JX

CARNWATH G.C.

MEMBERSHIP APPLICATION FORM

I HEREBY MAKE APPLICATION FOR MEMBERSHIP OF CARNWATH GOLF CLUB. I AGREE TO ABIDE BY THE PROVISIONS OF THE CLUB CONSTITUTION AND THE RULES & BYE LAWS AS MAY BE DETERMINED BY THE COUNCIL.

NAME: _____

SIGNATURE: _____

ADDRESS: _____

DATE: _____

POST CODE: _____

OCCUPATION: _____

DATE OF BIRTH: _____

TELEPHONE NO: _____

EMAIL ADDRESS: _____

EXISTING MEMBER(S) KNOWN TO APPLICANT: _____

DELETE AS APPROPRIATE:

(a) I am currently a member of _____ Golf Club and my current handicap is _____. - My CDH Number is _____.

(b) I have previously been a member of _____ Golf Club up to dd/mm/yyyy and at the time of leaving, held a handicap of _____.

(c) I have never been a member of a Golf Club.

WHEN COMPLETED, PLEASE RETURN TO THE CLUB SECRETARY AT THE ADDRESS ABOVE.

OFFICIAL USE ONLY

THIS APPLICATION WILL BE CONSIDERED AT THE NEXT COMMITTEE MEETING AND IF ACCEPTED, WILL BE SIGNED OFF BY TWO COUNCIL MEMBERS.

COUNCIL MEMBER – NAME: _____ SIGNATURE: _____

COUNCIL MEMBER – NAME: _____ SIGNATURE: _____

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