



KINTORE GOLF CLUB APPLICATION FOR MEMBERSHIP

The Club Manager
Kintore Golf Club
Kintore
AB51 OUR

Date _____

FULL NAME, I _____
(Please use block letters)

ADDRESS _____

POSTCODE _____

OCCUPATION _____

DATE OF BIRTH _____

TELEPHONE NUMBER _____

E-MAIL ADDRESS _____

Would like to join the membership of KINTORE GOLF CLUB, and I make this application subject to the terms of the Constitution and Rules of the Club.

SIGNATURE _____

Previous/Current Club (if appropriate).....

Previous/Current Handicap (if applicable).....When valid?.....

CDH Number (if applicable):

Introduced by (if applicable):

Member Name.....Membership No

Address..... If

accepted, I agree to abide by the Rules of Golf:

(Signature)

(Name Printed)

FOR CLUB USE: Received _____

Submitted to Council Meeting on _____ .Approved

YES / NO