

# KINTORE GOLF CLUB APPLICATION FORM SOCIAL MEMBERSHIP



Return to:

Club Manager  
Kintore Golf Club  
Kintore  
AB51 0UR

Date:

FULL NAME (1):

FULL NAME (2):

ADDRESS:

ADDRESS: (if different)

POSTCODE:

POSTCODE:

TEL NUMBER:

TEL NUMBER:

OCCUPATION:

OCCUPATION:

DATE OF BIRTH:

DATE OF BIRTH:

E-MAIL:

E-MAIL

I/we wish to become non-playing member(s) of Kintore Golf Club and make application subject to the terms and conditions of the Constitution and Rules of the Club.

£10 per person

£15 per couple

SIGNATURE:

SIGNATURE:

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We, the undersigned, believing the above named to be a suitable candidate and recommend him/her for election as a non-playing member of the Club.

FOR CLUB USE

RECEIVED BY:

SUBMITTED TO COUNCIL MEETING ON

APPROVED

YES / NO