



THE WHITECRAIGS GOLF CLUB, 72 AYR ROAD,
 GIFFNOCK, GLASGOW G46 6SW
 Office: 0141 639 4530 Professional: 0141 639 2140 Fax: 0141 616 3648
 Email: whitecraigsgc@btconnect.com
 Website: www.whitecraigsgolfclub.com

To the Committee of Management

I hereby apply for membership of Whitecraigs Golf Club as a: (delete as appropriate)

Gent/Lady/Temporary Limited/Junior /Social

FULL NAME (Please print) TITLE

HOME ADDRESS

POST CODE DATE OF BIRTH.....

HOME TEL NO MOBILE TEL NO.....

EMAIL ADDRESS

OCCUPATION BUSINESS TEL NO.....

MEMBERSHIP OF OTHER CLUBS

HANDICAP (if any)

If admitted I shall comply with the Club constitution and any local rules.

APPLICANT'S SIGNATURE

**PROPOSER: MUST BE A MEMBER FOR
 AT LEAST 1 YEAR**

**SECONDER: MUST BE A MEMBER FOR
 AT LEAST 1 YEAR**

NAME

NAME

ADDRESS

ADDRESS

.....

.....

.....MEMBER (TYPE)

.....MEMBER (TYPE)

SIGNATURE

SIGNATURE

This form must be lodged with the Club Secretary at the above address together with letters of recommendation from both the Proposer and Secunder. These letters must state how long they have known the applicant and in what capacity e.g. relative, friend etc and why they consider the applicant suitable for admission. Candidates and sponsors must be prepared to be interviewed by members of the Committee for approval. A deposit of £20 is required with this form. It is non-returnable except at the Committee's discretion.