

**KINTORE GOLF CLUB
APPLICATION FOR MEMBERSHIP**

The Secretary
Kintore Golf Club
Kintore
AB51 0UR

Date: _____

FULL NAME: | _____
(PLEASE USE BLOCK LETTERS)

ADDRESS: _____

POSTCODE: _____

TEL NUMBER: _____

OCCUPATION: _____

DATE OF BIRTH: _____

E-MAIL: _____

wish to become a member of Kintore Golf Club and make application subject to the terms and conditions of the Constitution and Rules of the Club.

SIGNATURE: _____

If you are or have been a Member of any other Golf Club, please give the name, Standard Scratch Score and your Handicap.

CLUB: _____

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

PROPOSED BY: _____
(Signature) (Name Printed)

SECONDED BY: _____
(Signature) (Name Printed)

FOR CLUB USE

RECEIVED BY: _____

SUBMITTED TO COUNCIL MEETING ON _____ APPROVED YES / NO