

**KINTORE GOLF CLUB  
APPLICATION FOR NON PLAYING MEMBERSHIP**

The Secretary  
Kintore Golf Club  
Kintore  
AB51 0UR

Date: \_\_\_\_\_

FULL NAME (1): | \_\_\_\_\_ FULL NAME (2): | \_\_\_\_\_

ADDRESS: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

POSTCODE: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

TEL NUMBER: \_\_\_\_\_ TEL NUMBER: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Single Fee £10

Joint Fee £15


PLEASE TICK APPROPRIATE BOX

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.

SIGNATURE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

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

PROPOSED BY: \_\_\_\_\_  
(Signature) (Name Printed)

SECONDED BY: \_\_\_\_\_  
(Signature) (Name Printed)

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**FOR CLUB USE**

RECEIVED BY: \_\_\_\_\_

SUBMITTED TO COUNCIL MEETING ON \_\_\_\_\_ APPROVED YES / NO