



Merchants of Edinburgh Golf Club

10 Craighill Gardens
Edinburgh
EH10 5PY

Club Administrator : 'Phone - 0131 447 1219
Fax - 0131 446 9833

E - Mail : admin@merchantsgolf.com
Website : www.merchantsgolf.com

APPLICATION FOR YOUTH MEMBERSHIP

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

Name: _____

Address: _____

_____ Post Code _____

Telephone No. Home _____ Business _____ Mobile _____

E mail: _____ Date of Birth _____

Occupation : _____ Other Clubs (if any) _____

Designated Home Club _____

CDH No. _____ Handicap (Certificate attached) _____

I hereby declare that this a genuine application for membership of Merchants of Edinburgh Golf Club. I undertake to submit to and be bound by the Rules and Bye-Laws of the Club

For the purpose of the Data Protection Act 1984, I have no objection to my membership data being held on computer.

Signed _____ Date _____

Office Use Only

<u>Date Received</u>	<u>Club Systems V1 Updated</u>	<u>Welcome Pack Sent</u>
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