



BELLSHILL GOLF CLUB

Telephone.01698 745124 Fax.01698 292576 E-Mail info@bellshillgolfclub.com

APPLICATION for MEMBERSHIP

ASSOCIATE MEMBER

FULL NAME

ADDRESS

.....

POST CODE **TEL NO**.....

EMAIL:

DATE of BIRTH **MOBILE NO**.....

OCCUPATION

SIGNATURE

I hereby make application for Associate Membership of Bellshill Golf Club and agree to comply with the Constitution, Rules & Bye-Laws thereof.

NAME OF PREVIOUS CLUB.....HANDICAP.....

CDH NUMBER/LIFE TIME ID.....

A £10.00 administrative must accompany this form. This fee will be deducted from subscription, on entry to the Club, or refunded on request, if application does not proceed.

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For Office us only: Application accepted