

Application for Membership



Title: _____ Forenames: _____ Family name: _____

Address: _____

Postcode: _____

Telephone numbers – Home: _____ Mobile: _____

E-Mail Address(es): _____

Date of Birth: _____ (This is important for player records)

I wish to join the membership of Aboyne Golf Club, and make this application subject to the Constitution and Rules of the Club.

I also agree to my e-mail address being added to the Club's Director of Golf's mailing list. Please Tick

Signature: _____ Date: _____

**If you are, or have been a member of any other Golf Club please give details
(Not applicable to Social membership applications)**

Club: _____ Dates: From _____ To _____

Handicap: (Proof of which will be required) _____ CDH No (if known): _____

If you do not have a current official handicap, please provide previous lowest handicap: _____

Will you treat Aboyne as your 'Home Club' for handicap purposes? Yes / No

(This is for administration purposes only. You are entitled to 'hold' your handicap at any club where you are a member)

For Office use:

Date application received: _____

By: _____

Date Accepted/Declined: _____

Date placed on waiting list: _____

Date subscription fees received: _____

Membership number allocated: _____

Date information pack sent: _____