



# Merchants of Edinburgh Golf Club

10 Craighill Gardens  
Edinburgh  
EH10 5PY

Club Manager : Phone - 0131 447 1219

E - Mail : [clubmanager@merchantsgolf.com](mailto:clubmanager@merchantsgolf.com)

Website : [www.merchantsgolf.com](http://www.merchantsgolf.com)

## APPLICATION FOR JUNIOR MEMBERSHIP

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code \_\_\_\_\_

Telephone No. \_\_\_\_\_ E mail \_\_\_\_\_

Parents email: \_\_\_\_\_ Date of Birth \_\_\_\_\_

School/College Attended : \_\_\_\_\_

Other Club's (if any) \_\_\_\_\_

CDH No. \_\_\_\_\_ Handicap (Certificate attached) \_\_\_\_\_

Applicants for Junior Membership must be less than 18 years of age.

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 \_\_\_\_\_

Parent/Guardian

Signed \_\_\_\_\_ Date \_\_\_\_\_

For Office Use Only

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