



Application for Membership

Title	Forename(s)	Surname
Address		
Post Code		
Home Telephone	Mob Number	
Email Address		
Occupation	Date of Birth	/ /

Hereby makes application for membership of Stonehaven Golf Club as a member in the category indicated below (please tick applicable category).

Ordinary	Restricted ¹	Country ²
Social/Patron	Young Adult (22-25)	Young Adult (18-21)
Junior (16-17)	Junior (12-15)	Junior (8-11)

¹ Restricted tee times: Mon-Fri to 5pm and Sat/Sun after 4pm. ² Restrictions apply.

I agree to abide by the club constitution and rules of the club. I agree to pay the club annual subscriptions, which are fixed each year, as they become due and understand that until the subscription is paid I am unable to play the course unless on payment of visitor green fee.

Signature	Date of Application	/ /
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Previous Club	Handicap
CDH number (if applicable)	

Membership Referral (OPTIONAL)			
<i>This section is optional, but if it is completed it must be completed and be signed by existing member.</i>			
Members Name			
Membership Number		Category	
Signature		Date	

Send completed application form to:

Club Secretary
Stonehaven Golf Club
Cowie
Stonehaven
AB39 3RH

For more information and prices of membership either phone the club or email

Telephone: 01569 762124
info@stonehavengolfclub.com

Stonehaven Golf Club complies with the requirements of the Data Protection Act 1998 and will not disclose any of the above information to a third party.