



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		Adult 22-25 yrs ³	
Adult 18-21 yrs ³		Junior ³		Junior U12 ³		Social	

¹ Restricted tee times: Mon-Fri to 5pm and Sat/Sun after 4pm. ² Restrictions apply. ³ Age 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 & CDIH number (if applicable)		Handicap	
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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