



# **BELLSHILL GOLF CLUB**

Telephone.01698 745124 Fax.01698 292576 E-Mail [info@bellshillgolfclub.com](mailto:info@bellshillgolfclub.com)

## **APPLICATION for MEMBERSHIP**

### **FULL MEMBER**

**FULL NAME** .....

**ADDRESS** .....

.....

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

**EMAIL:** .....

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

**OCCUPATION** .....

**SIGNATURE** .....

**I hereby make application for Full 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.**

.....

**For Office us only: Application accepted .....**