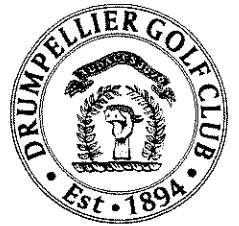


# DRUMPELLIER GOLF CLUB

## MEMBERSHIP APPLICATION FORM



BUCHANAN MEMBERSHIP

PLEASE COMPLETE IN BLOCK CAPITALS:

Full Name of Applicant: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

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

\_\_\_\_\_ Post Code: \_\_\_\_\_ Telephone No: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Name of Proposer: \_\_\_\_\_

Signature of Proposer: \_\_\_\_\_

Address of Proposer: \_\_\_\_\_

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

Name of Seconder: \_\_\_\_\_

Signature of Seconder: \_\_\_\_\_

Address of Seconder: \_\_\_\_\_

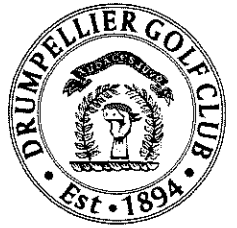
\_\_\_\_\_ Post Code: \_\_\_\_\_

Date of Application \_\_\_\_\_ Date Placed on Waiting List: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ \_\_\_\_\_ Hon. Secretary

# DRUMPELLIER GOLF CLUB

## BUCHANAN MEMBERSHIP



TO BE COMPLETED BY APPLICANT IN BLOCK CAPITALS:

1. Full Name: \_\_\_\_\_
2. How long have you played golf? \_\_\_\_\_ Years
3. Golf Handicap? \_\_\_\_\_
4. Is this registered? YES/NO  
At which Club? \_\_\_\_\_
5. Nationality? \_\_\_\_\_
6. If Employee, Name & Address  
of Company \_\_\_\_\_  
\_\_\_\_\_
- Tel. No.: \_\_\_\_\_
7. If Self Employed, Name & Address  
of Company \_\_\_\_\_  
\_\_\_\_\_
- Tel. No.: \_\_\_\_\_
8. Marital Status (Married or Single) \_\_\_\_\_
9. Wife/Husband or Partners Name (If relevant) \_\_\_\_\_
10. Names and Ages of Children \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Are any of your relations a member? Yes/No
12. If yes, please state name and relationship \_\_\_\_\_  
\_\_\_\_\_
13. Have you previously played Drumpellier  
Golf Course? Yes/No
14. If yes, in what circumstances  
e.g. Outing/Guest of Member \_\_\_\_\_
15. If Guest, please state name of member \_\_\_\_\_