



Peterculter Golf Club

Application for Family Membership

Date of Application: _____ Where did you hear of this offer? _____

	Date of Birth
1. ADULT NAME: _____	_____
2. ADULT NAME: _____	_____

	Coaching (tick)	Date of Birth
3. CHILD NAME: _____	_____	_____
4. CHILD NAME: _____	_____	_____
5. CHILD NAME: _____	_____	_____

Address: _____

Postcode: _____

Home Telephone Number: _____

1st Adult **E-mail:** _____ **Mobile No.** _____
2nd Adult **E-mail:** _____ **Mobile No.** _____

Preferred e-mail address for children's membership correspondence (please circle). If child has own e-mail address please indicate at bottom of form. **1st Adult / 2nd Adult**

We wish to join the membership of PETERCULTER GOLF CLUB, and make this application subject to the terms of the Constitution and Rules of the Club.

Signatures: _____ (1st Adult)
 _____ (2nd Adult)

If any applicant has a handicap please give details, including CDH number (if known), below:

1.	Club: _____	CDH No. _____	Handicap; _____
2.	Club: _____	CDH No. _____	Handicap; _____
3.	Club: _____	CDH No. _____	Handicap; _____
4.	Club: _____	CDH No. _____	Handicap; _____
5.	Club: _____	CDH No. _____	Handicap; _____

The offer for Family Membership cannot be used in conjunction with any other membership offer.

For office use:
 Date Rec'd _____ Signed: _____