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# Gogarburn Golf Club

## *FULL MEMBERSHIP APPLICATION FORM*

Surname .....

First Name(s) .....

Address.....

.....

.....

Post Code ..... Home Telephone No. ....

E-mail address ..... Mobile No.....

Date of Birth..... Current Occupation .....

Membership of other Club(s).....

Central Database for Handicap Number .....

National Handicap (if known) .....

Signed .....

Dated .....

By signing this application form I agree for Gogarburn Golf Club to hold my personal information.

I agree to abide by all bye laws and constitutional changes of the club and any other decisions made by members.