

APPLICATION FOR MEMBERSHIP - 2021-22

Title: Forenames:	Family Name:	
Address:		
	Postcode:	
Telephone numbers – Home:	Mobile:	
E-Mail Address(es):		
E-Mail Address (if Parent / Guardian):		
Date of Birth:	(This is important for player records	5)
	f Aboyne Golf Club and make this application abidin Istitution and Rules of the Club.	ng by
I also agree to my e-mail ac	ldress being added to the Club's mailing list. Please Tick]
	Date:	
Signature:		
Signature: I wish to apply for the membership cat	egory below. Please note an additional £30 bar credit need	s to be
I wish to apply for the membership cat	egory below. Please note an additional £30 bar credit need emable in the bar when using your card to pay.	s to be
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Golf for membership rates when applying for membership mid-year.

If you are, or have been a member of any other Golf Club please give details (Not applicable to Social Member applications)		
Club:	Dates: From To	
Handicap: (Proof of which will be required)	CDH No (if known):	
If you do not have a current official handicap, please pro	vide previous lowest handicap:	
Will you treat Aboyne as your 'Home Club' for handicap (This is for administration purposes only. You are entitled to 'hold' yo	• •	
RETURN THIS COMPLETED FORM:		
Scan and Email back to pro@aboynegolfclub.co.uk		
Deliver by hand or post to: Membership, Aboyne Golf AB34 5HP	f Club, Golf Road, Formaston Park, Aboyne,	

Notes:

For Office use: Date application received: Application	tion Received / Processed By (Name):			
Date Accepted/Declined: Date placed on waiting list:				
Club V1 Membership Number Assigned:	Membership Invoice Number :			
Amount Invoiced: Date Raised:	Date subscription fees received:			
EPOS Swipe Card Number allocated:	Date EPOS Card issued:			
Date Bag Tag issued:	Date Club V1 updated:			
Form updated 20Nov20				