

BRAEMAR GOLF CLUB

MEMBERSHIP APPLICATION FORM



Full Name.....

Date of Birth.....

Permanent Address.....

.....

.....

Post Code.....

E-mail Address.....

Telephone Number(s).....

Membership Category

applied for (circle) : Full Limited Play Youth Junior Social

Are you a member of another club(s)? Yes / No

If Yes list other club(s).....

Do you hold a current handicap? Yes / No

If Yes please state handicap and home club.....

Will Braemar Golf Club be your home club? Yes / No

Proposers Name.....Signature.....

Seconders Name.....Signature.....

Applicant Signature.....

Date

Please send completed form to the Secretary at:

Braemar Golf Club, Cluniebank Road, Braemar, Aberdeenshire.
AB35 5XX.