

2012 APPLICATION FOR MEMBERSHIP

DATE OF APPLICATION			
NAME			
HOME ADDRESS		HOLIDAY ADDRESS	
LINE 1		LINE 1	
LINE 2		LINE 2	
TOWN		TOWN	
COUNTY		COUNTY	
POSTCODE		POSTCODE	
TELEPHONE		TELEPHONE	
EMAIL:			
OTHER GOLF CLUB MEMBERSHIP:			
DO YOU HAVE A CURRENT HANDICAP?		YES/NO	
WILL GAIRLOCH BE YOUR HOME CLUB FOR HANDICAPPING?		YES/NO	
IF NO, NAME OF HOME CLUB:			
DATE OF BIRTH:			

Please tick relevant box for membership requested

TYPE	COST	NOTE	TICK ONE
ORDINARY	£220		
COUNTRY	£175	MAIN RESIDENCE GREATER THAN 50 MILES FROM GAIRLOCH	
JUNIOR	£35	BETWEEN 6 TH AND 18 TH BIRTHDAY OR UNTIL 21 IF IN FULL-TIME EDUCATION	
SOCIAL	£25	NON GOLF ONLY	

FOR OFFICE USE	
DATE	
PAYMENT	
MEMBERSHIP NUMBER	
COMPLETED	