



# MEMBERSHIP APPLICATION FORM

WEST END  
LONGSIDE  
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FULL NAME.....

ADDRESS.....

..... POST CODE.....

OCCUPATION.....

PHONE NO. HOME ..... MOBILE NO.....

e-mail address .....

## PROPOSER

NAME IN CAPITALS.....

I have known the proposed member for .....years.

SIGNATURE ..... DATE .....

## SECONDER

NAME IN CAPITALS.....

I have known the proposed member for .....years.

SIGNATURE ..... DATE .....

## MEMBERSHIP CATAGORY REQUIRED (PLEASE TICK BOX)

FULL MEMBER , SENIOR MEMBER  (AGED 65 OR OVER), SENIOR/JUNIOR MEMBER

JUNIOR MEMBER ,

HAVE YOU BEEN A PREVIOUS L.G. CLUB MEMBER WITHIN THE LAST 3 YEARS YES  or NO

DATE OF BIRTH.....

CURRENT OR PREVIOUS HOME CLUB..... HANDICAP.....

CDH NUMBER REQUIRED IF TRANSFERRING CLUBS

SIGNATURE..... DATE.....

Approved for membership by: .....Date:.....

Membership Card issued by: .....Date:.....