



MEMBERSHIP APPLICATION FORM

WEST END
LONGSIDE
AB42 4XJ
Telephone - 01779 821558

w: longsidegolfclub.co.uk
e: longside18@gmail.com
t: @LongsideGC
VAT Reg No 297479095

FULL NAME.....

ADDRESS.....

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

OCCUPATION.....

PHONE NO. HOME MOBILE NO.....

e-mail address

PROPOSER

NAME IN CAPITALS.....

I have known the proposed member foryears.

SIGNATURE DATE

SECONDER

NAME IN CAPITALS.....

I have known the proposed member foryears.

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

I confirm that I am happy for Longside Golf Club to retain my personal information as per the Data Protection Statement

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

Official Use Only.

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

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