



BELLSHILL GOLF CLUB

APPLICATION for MEMBERSHIP ASSOCIATE MEMBER

FULL NAME

ADDRESS

.....

POST CODE TEL NO.....

EMAIL:

DATE of BIRTH MOBILE NO.....

OCCUPATION

I hereby make application for Associate Membership of Bellshill Golf Club and agree to comply with the Constitution, Rules & ByeLaws thereof.

PROPOSED by (Print)

SIGNATURE

SECONDED by (Print)

SIGNATURE

COUNCIL MEMBER'S SIGNATURE

NAME OF CLUBH/CAP.....

A £10.00 administrative fee must accompany this form. This fee will be deducted from subscription, on entry to the Club, or refunded on request, if application does not proceed.

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For Office us only: Application accepted