



Bellshill Golf Club

ORBISTON BELLSHILL ML4 2RZ

Telephone.01698 745124 Fax.01698 292576 E-Mail info@bellshillgolfclub.com

APPLICATION FOR FULL MEMBERSHIP

FULL NAME.....

ADDRESS.....

.....

POST CODE

TEL NO.

MOBILE NO.....

DATE OF BIRTH

email:.....

OCCUPATION.....

I hereby make application for membership of Bellshill Golf Club and bind myself to comply with the Constitution, Rules and Bye-Laws thereof.

APPLICANT'S SIGNATURE

PROPOSED BY (PRINT)

PROPOSED BY (SIGNATURE)

SECONDED BY (PRINT)

SECONDED BY (SIGNATURE)

COUNCIL MEMBER'S SIGNATURE

Please complete the following section should you have been a Member of some other Golf Club prior to this application.

NAME OF CLUB H/CAP

A £10 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