



BELLSHILL GOLF CLUB

APPLICATION for MEMBERSHIP

JUNIOR ASSOCIATE

FULL NAME

ADDRESS
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POST CODE

TEL. No.

DATE of BIRTH

Email address:

I hereby make application for JuniorAssociate 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

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For Office us only: Application accepted