SCOTLAND YARDS

GOLF CLUB

Membership Application

Member Name: _____ Spouse Name: _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email: _____

Home Phone: _____ Mobile: _____

Member Birthdate: _____ Spouse Birthdate: _____

Member SSN: _____ Spouse SSN: _____

I/We are applying for _____ classification of membership at Scotland Yards Golf Club. I/We understand that we must abide by the membership rules of the club and pay our dues in accordance with the category I/We are enrolled into.

Member Signature: _____

Spouse Signature: _____

Office use only:

Scotland Yards Golf Club 9424 Hwy 301 Dade City, FL 33525 • phone: (352) 567-7600 • fax: (352) 567-5025