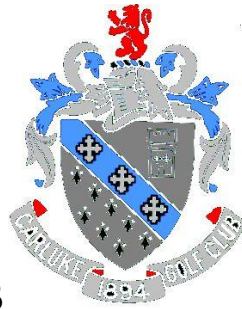


APPLICATION FOR MEMBERSHIP



CARLUKE GOLF CLUB

MAULDSLIE ROAD

CARLUKE ML8 5HG

NAME: Date of Birth.....

ADDRESS:
.....

POST CODE:

TELEPHONE:

MOBILE:

E MAIL

I HEREBY APPLY FOR 7day/6day/5day/Junior/Associate/Social membership of Carluke Golf Club (please tick as appropriate).

Present/Past golf club membership and handicap, if appropriate.

.....

If accepted for membership, I agree to abide by the Constitution, Rules and By-laws of the club.

Signed:

Date:

FOR OFFICIAL USE ONLY: ON APPROPRIATE LIST – SIGNED: