



WESTHILL GOLF CLUB

Application for Membership

– Group discount of 15% per person

1st Applicant:

FULL NAME (Block Letters) _____

PREFERRED TITLE (e.g. Mr, Mrs, Miss, Ms) _____

ADDRESS _____

_____ POST CODE _____

TELEPHONE No _____ (Home) _____ (Business)

DATE OF BIRTH (All Applicants Please) _____

Occupation: _____

E-Mail Address _____

Class of Membership	Please Tick	Deposit Payable
Adult	[]	Nil
Adult – Weekday	[]	Nil
Adult – Country	[]	Nil
Young Adult (23-26)	[]	Nil
Young Adult (19-22)	[]	Nil

Please state Clubs of which applicant is at present a member: _____

Golf Clubs of which the applicant has previously been a member: _____

Please state present or last official handicap: _____

I hereby apply for membership and declare that the above particulars are correct:

Signature: _____ Date: _____

To be returned on completion to the Club Manager, Westhill Golf Club, Westhill Heights, Westhill, Aberdeenshire. AB32 6RY.

Date Received _____ Category _____ Entered into Computer _____ Initials



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2nd Applicant:

FULL NAME (Block Letters) _____

PREFERRED TITLE (e.g. Mr, Mrs, Miss, Ms) _____

ADDRESS _____

_____ POST CODE _____

TELEPHONE No _____ (Home) _____ (Business)

DATE OF BIRTH (All Applicants Please) _____

Occupation: _____

E-Mail Address _____

Class of Membership	Please Tick	Deposit Payable
Adult	[]	Nil
Adult – Weekday	[]	Nil
Adult – Country	[]	Nil
Young Adult (23-26)	[]	Nil
Young Adult (19-22)	[]	Nil

Please state Clubs of which applicant is at present a member: _____

Golf Clubs of which the applicant has previously been a member: _____

Please state present or last official handicap: _____

I hereby apply for membership and declare that the above particulars are correct:

Signature: _____ Date: _____

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3rd Applicant:

FULL NAME (Block Letters) _____

PREFERRED TITLE (e.g. Mr, Mrs, Miss, Ms) _____

ADDRESS _____

_____ POST CODE _____

TELEPHONE No _____ (Home) _____ (Business)

DATE OF BIRTH (All Applicants Please) _____

Occupation: _____

E-Mail Address _____

Class of Membership	Please Tick	Deposit Payable
Adult	[]	Nil
Adult – Weekday	[]	Nil
Adult – Country	[]	Nil
Young Adult (23-26)	[]	Nil
Young Adult (19-22)	[]	Nil

Please state Clubs of which applicant is at present a member: _____

Golf Clubs of which the applicant has previously been a member: _____

Please state present or last official handicap: _____

I hereby apply for membership and declare that the above particulars are correct:

Signature: _____ Date: _____

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4th Applicant (complete if required):

FULL NAME (Block Letters) _____

PREFERRED TITLE (e.g. Mr, Mrs, Miss, Ms) _____

ADDRESS _____

_____ POST CODE _____

TELEPHONE No _____ (Home) _____ (Business)

DATE OF BIRTH (All Applicants Please) _____

Occupation: _____

E-Mail Address _____

Class of Membership	Please Tick	Deposit Payable
Adult	[]	Nil
Adult – Weekday	[]	Nil
Adult – Country	[]	Nil
Young Adult (23-26)	[]	Nil
Young Adult (19-22)	[]	Nil

Please state Clubs of which applicant is at present a member: _____

Golf Clubs of which the applicant has previously been a member: _____

Please state present or last official handicap: _____

I hereby apply for membership and declare that the above particulars are correct:

Signature: _____ Date: _____

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5th Applicant (complete if required):

FULL NAME (Block Letters) _____

PREFERRED TITLE (e.g. Mr, Mrs, Miss, Ms) _____

ADDRESS _____

_____ POST CODE _____

TELEPHONE No _____ (Home) _____ (Business)

DATE OF BIRTH (All Applicants Please) _____

Occupation: _____

E-Mail Address _____

Class of Membership	Please Tick	Deposit Payable
Adult	[]	Nil
Adult – Weekday	[]	Nil
Adult – Country	[]	Nil
Young Adult (23-26)	[]	Nil
Young Adult (19-22)	[]	Nil

Please state Clubs of which applicant is at present a member: _____

Golf Clubs of which the applicant has previously been a member: _____

Please state present or last official handicap: _____

I hereby apply for membership and declare that the above particulars are correct:

Signature: _____ Date: _____

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