



WESTHILL GOLF CLUB

Application for Membership

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
Youth (14-18)	[]	Nil
Junior (10-13)	[]	Nil
Juvenile (7-9)	[]	Nil
Social Membership	[]	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
