



# 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 \_\_\_\_\_

<b>Class of Membership</b>	<b>Please Tick</b>	<b>Deposit Payable</b>
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**

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