

Brechin Golf and Squash Club

Trinity Brechin Angus DD9 7PD

Tel No. 01356 622383

Application for Membership.

Date : _____

Tick Category requested. Indicate clearly.

<input type="checkbox"/>	1 (a)	Golf Club Member	Gent & Lady
<input type="checkbox"/>	1 (b)	Squash Club Member	Gent & Lady
<input type="checkbox"/>	1 (c)	Pensioners Rate	Gent & Lady
<input type="checkbox"/>	2	Family Membership	State Category from 1 (a) (b) (c)
<input type="checkbox"/>	3 (a)	Junior Club Member	16 -18 yrs.
<input type="checkbox"/>	3 (b)	Junior Club Member	under 16 yrs.
<input type="checkbox"/>	4	Non Playing	
<input type="checkbox"/>	5	Country Member	Golf <input type="checkbox"/> outwith 40 Mile radius of BRECHIN
<input type="checkbox"/>	6	5 Day Member	
<input type="checkbox"/>	10	18-24 yrs Member	Gent & Lady <input type="checkbox"/>

Name	Mr. / Mrs. / Miss/ Ms.	<input type="text"/>
Address	<input type="text"/>	
	<input type="text"/>	Last Club <input type="text"/>
	<input type="text"/>	Handicap (if any) <input type="text"/>
Post code	<input type="text"/>	Telephone No <input type="text"/>
Date of Birth	<input type="text"/>	
Email:	<input type="text"/>	
	Signature of Applicant	
	<input type="text"/>	

	Proposed by :-		Seconder :-
Signature	<input type="text"/>	Signature	<input type="text"/>
Print Name	<input type="text"/>	Print Name	<input type="text"/>

Waiting List / Application Deposit.

£25

No Refund available :- Deducted from initial Fees.

Received by	<input type="text"/>	Date	<input type="text"/>
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Passed by Committee	<input type="text"/>	Waiting List	<input type="text"/>
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