

HELENSBURGH
GOLF CLUB
Founded 1893



APPLICATION FOR..... (type) MEMBERSHIP

Title & Full Name..... Occupation.....

Date of Birth/....../..... Tel:.....(home)

.....(mob)

Address email.....

.....

.....

.....

Post Code.....

Previous Club..... H/Cap.....(Cert can be attached)

If accepted, I agree to abide by the Rules and Bye Laws of the Club.

Candidates signature..... Date.....

JUNIOR MEMBERS ONLY

I agree with.....(name) this application for membership and I will be responsible for payment of their annual subscription during the whole of their Junior Membership.

Parent Guardian's Signature.....

Date.....

**Please return the completed application form to:
General Manager, Helensburgh Golf Club, 25 East Abercromby Street, Helensburgh G84 9HZ
Tel 01436 674173 / email the secretary@helensburghgolfclub.co.uk**

FOR OFFICE USE ONLY

RECEIVED DATE..... Deposit Received yes/no

APPROVED DATE.....MEMBERSHIP NO.....