



Membership Application

I.....wish to apply to join BRORA GOLF CLUB as:

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> Gent Playing | <input type="checkbox"/> Lady Playing |
| <input type="checkbox"/> Gent Country | <input type="checkbox"/> Lady Country |
| <input type="checkbox"/> Social | <input type="checkbox"/> Youth |
| <input type="checkbox"/> Junior | <input type="checkbox"/> Junior playing in competitions |

Address (Block Capitals)

.....

Proposed by :

Print name :

Seconded by :

Print name :

Date of Birth

e-mail

Current Club.....

Handicap.....

Tick here if you wish your handicap to be regulated by Brora and include records

Applicants Signature:

Parent/Guardian Signature (if applicant is under 16):