



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

Ordinary	[]		
Five Day	[]		
Country	[]		
Student	[]	(Copy of Student card must accompany application)	
Young Adult	[]	19-24 years of age.	25-30 years of age.
Junior	[]	14-18 years of age.	10-13 years of age.
Juvenile	[]	7-9 years of age	
Social	[]		

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: _____

CDH NUMBER (If known): _____

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 _____