



WESTHILL GOLF CLUB

Application for Membership

FULL NAME (Block Letters) _____

PREFERRED TITLE (e.g. Mr, Mrs, Miss, Ms) _____

ADDRESS _____

_____ POST CODE _____

TELEPHONE No _____ MOBILE _____

DATE OF BIRTH _____ AGE: _____

OCCUPATION _____

E-Mail _____

Parents E-Mail (if under 18) _____

Membership Class

Please Tick

- | | | |
|---------------------|-----|---|
| Gents / Ladies Full | [] | |
| Five Day | [] | |
| Country | [] | |
| Full Time Student | [] | (Copy of Student card must accompany application) |
| Young Adult 23 - 30 | [] | |
| Young Adult 19 - 22 | [] | |
| Junior 14 - 18 | [] | |
| Junior 10 - 13 | [] | |
| Junior 9 & Under | [] | |
| Social | [] | |
| Corporate | [] | Company Name _____ |

Golf Clubs of which applicant is a present member _____

Golf Clubs of which the applicant has previously been a member _____

Do you wish Westhill Golf Club to be your home club _____

Please state present or last official handicap (if known) _____

CDH NUMBER (If known) _____

Signature: _____ Date: _____

For Office Use:

Date Received _____ Category _____ GolfV1 Entry _____ BRS Entry _____ Invoiced _____

Bag Tag _____ Green Card _____ Emailed _____ Membership Guide _____