



BUCHANAN CASTLE GOLF CLUB
DRYMEN, GLASGOW

FORM OF APPLICATION FOR MEMBERSHIP

The Secretary
Buchanan Castle Golf Club
Drymen,
G63 0HY

Date

Dear Secretary

I wish to be nominated for election to the Club as an *(tick appropriate box)*

Ordinary Junior House Country
Intermediate Youth Member Adult Academy Junior Academy

PARTICULARS TO BE COMPLETED BY THE APPLICANT

Full Name
(Block Letters) (Please indicate title: Mr/Mrs/Ms/Miss/Other)

Date of Birth

Address

Postcode

Occupation..... Home Tel No

E-mail

If employed, name and address of employer

Are you or have you been a member of any other Golf Club?

If so, please give particulars and handicap.....

Have you ever been refused admission, or been required to resign from any other club?.....

Are you related to any member of the Club?.....

If Yes, please name

If elected, I undertake to abide by the Club Rules and Regulations.
Signed



BUCHANAN CASTLE GOLF CLUB ~ DRYMEN, GLASGOW G63 0HY

TELEPHONE: 01360 660307 (SECRETARY) 01360 660369 (CLUBMASTER) 01360 660330 (PROFESSIONAL) FAX: 01360 660993
E-MAIL: INFO@BUCHANANCASTLEGOLFCLUB.CO.UK WWW.BUCHANANCASTLEGOLFCLUB.CO.UK

PARTICULARS TO BE COMPLETED BY THE PROPOSER/SECONDER

APPLICATION OF
(Block Capitals)

I wish to PROPOSE for membership of the Club.
I confirm I have known the applicant and been a member of the Club for a minimum of 2 years. I further undertake to provide a detailed proposal if called upon to do so.

Signed Name
(Block Capitals)

I wish to SECOND for membership of the Club.
I confirm I have known the applicant and been a member of the Club for a minimum of 2 years. I further undertake to provide a detailed proposal if called upon to do so.

Signed Name
(Block Capitals)

ENDORSEMENTS

I wish to support the above application for membership:

1 Signed Name
(Block Capitals)

2 Signed Name
(Block Capitals)

3 Signed Name
(Block Capitals)

4 Signed Name
(Block Capitals)

5 Signed Name
(Block Capitals)

6 Signed Name
(Block Capitals)

For Office use Only:-