

MORTONHALL GOLF CLUB

APPLICATION FOR (TYPE).....MEMBERSHIP
(PLEASE COMPLETE IN BLOCK LETTERS)

FULL NAME	
ADDRESS	
TELEPHONE NO. / MOBILE NO.	/
EMAIL ADDRESS	
DATE OF BIRTH	
GOLF CLUBS OF WHICH YOU ARE OR HAVE BEEN A MEMBER	
CDH NUMBER (IF APPLICABLE)	
HANDICAP	
PROFESSION, BUSINESS OR EMPLOYMENT	
NAME OR ORGANIZATION IN WHICH YOU ARE EMPLOYED	
CAPACITY IN WHICH YOU ARE EMPLOYEED	
PROFESSIONAL OR BUSINESS ADDRESS	

I apply to become a Member of Mortonhall Golf Club. I agree to be bound by and conform to the Rules and Byelaws thereof from time to time in force and I certify that the particulars given above are correct.

Date..... *Signature*.....

We, the undersigned Proposer and Seconder, nominate the before named who is known to each of us personally, for admission as a Member of the Club. From our personal knowledge of him/her we state that he/she is a suitable and desirable person to be admitted to membership. We certify that the following particulars, so far as given by each of us, are true.

.....*Proposer name*

Please Sign and Print your Name*Signature*

.....*Seconder name*

.....*Signature*

PARTICULARS ABOVE REFERRED TO

Proposer

Seconder

Length of time known

Capacity in which known

We, the undersigned Members, support the foregoing application –

1.....

2.....

3.....

4.....