



APPLICATION FOR MEMBERSHIP 2010



(1) Membership Type: **Adult** **Youth** **Junior** **Student**
(Please circle as appropriate) (16-18 years old) (less than 16 years old) (19-22 in full time education)

(2) Date of Birth:

(3) Mr Mrs Miss Master Other
(Specify)

(4) First Name:

Surname:

(5) Address to which all correspondence is to be sent:

Street:

Town:

Post Code:

Tel No:

Email:

CARRBRIDGE
GOLF CLUB

E-mail: secretary@carrbridgegolf.co.uk
www.carrbridgegolf.co.uk
Tel: 01479 841623

Inverness Road
Carrbridge
PH23 3AU

(6) Are you, or have you been a member of another Golf Club? **Yes** **No**

If yes, please supply name of club and membership dates:

(7) Do you have a current handicap? If "Yes" please state

(8) Nominator

(9) Seconder

Print Name:

Print Name:

Street:

Street:

Town:

Town:

Post Code:

Post Code:

Signature:

Signature:

Date:

Date:

(10) Signature of Applicant: **Date:**

Print:

Notes: Your application will be discussed at the next committee meeting - usually the 1st Monday of each month

Please DO NOT send payment with this application - an invoice will follow if application is successful

Please send this application form to the Administrator at the above address

FOR CLUB USE ONLY			
Joining Fee	.....	Remarks	
Adult	.....		Approved
Junior	.....		Offer sent
Youth	.....		Payment Received
TOTAL	.....		Signature