



APPLICATION FOR MEMBERSHIP 2012



(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

<p style="text-align: center;">(8) <u>Nominator</u></p> <p>Print Name:</p> <p>Street:</p> <p>Town:</p> <p>Post Code:</p> <p>Signature:</p> <p>Date:</p>	<p style="text-align: center;">(9) <u>Secunder</u></p> <p>Print Name:</p> <p>Street:</p> <p>Town:</p> <p>Post Code:</p> <p>Signature:</p> <p>Date:</p>
--	---

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

Notes: Your application will be processed immediately
Please DO NOT send payment with this application - an invoice will follow
Please send this application form to the Administrator at the above address

FOR CLUB USE ONLY				
Joining Fee Adult Junior Youth TOTAL	<table style="width: 100%; border: none;"> <tr> <td style="width: 30%; padding: 5px;">Remarks</td> <td style="width: 40%; padding: 5px; border: 1px solid black; height: 40px;"></td> <td style="width: 30%; padding: 5px;"> Approved Offer sent Payment Received Signature </td> </tr> </table>	Remarks		Approved Offer sent Payment Received Signature
Remarks		Approved Offer sent Payment Received Signature		