## **Grangemouth Golf Club**

Captain: Dereck Anderson

Secretary: Anne Cunningham

## **APPLICATION FOR MEMBERSHIP**

Name: Mr/Mrs/Miss		
Address:		
Post Code:		
Tel No: Home:	Mobile:	
Email address:		
Date of Birth:		
Type of Membership Seaso	n 2017: (tick as necessary)	
□ Gentleman ordinary	£250	
Lady ordinary	£250	
□ Senior Competition	£160	
□ Senior 5 Day	£160	
🗆 Full Time Student	£101	
□ Youth (18-23)	£163	
□ Junior (16-17)	£47	
□ Juvenile (10-15)	£27	
Are you presently a member of	a golf club Yes/No	
If yes state club	Handicap	
(Please attach a current handica Have you ever had a Handicap		
Please give the names of two per must be a member of Grangeme	eople to whom reference can be made if necessary. At least c outh Golf Club.	one
Name:	Name:	
Address:	Address:	
/ (ddi c33		
Date:	Signature of Applicant:	

**Note:** Membership of Grangemouth Golf Club is only granted on condition that the required Season Ticket is purchased from Falkirk Trust.

**Please complete the form in full and return to:** Secretary, Grangemouth Golf Club at the address below.

Polmont Hill, Polmont, Falkirk, FK2 0YA Tel. 01324 711500 | E-mail: info@grangemouthgolfclub.co.uk www.grangemouthgolfclub.co.uk