

MORTONHALL GOLF CLUB

APPLICATION FORMEMBERSHIP

(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	
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 beforenamed who is known to each of us personally, for admission as a Member of the Club. From our personal knowledge of him we state that he 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*

*Please Sign and
Print your Name*

.....

.....*Seconder*

.....

PARTICULARS ABOVE REFERRED TO

Proposer

Seconder

Length of time known

Capacity in which known

We, the undersigned Members, support the foregoing application –

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RECEIVED

DEPOSIT PAID

COUNCIL

WAITING LIST LETTER

OFFER

JOINED

CATEGORY