

BRUNTSFIELD SHORT HOLE GOLF CLUB

APPLICATION FOR MEMBERSHIP

To: The Secretary _____ (Date)

Fraser Gordon, 27 Buckstone Dell, Edinburgh EH10 6PG

I wish to apply for Membership of the Club and I agree to abide by the Rules of the Club.

_____ (Signature)

NAME _____

OTHER GOLF CLUBS

ADDRESS _____

E-MAIL _____

NATIONAL HANDICAP

OCCUPATION _____

TELEPHONE NUMBER

DATE OF BIRTH _____

PROPOSER _____

SECONDER _____

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SUBSCRIPTIONS are due prior to playing in any competition.

To: TREASURER, B.S.H.G.C.,

I enclose my cheque/postal order for £..... to cover:

Annual Subscription	£ 20 * (* Delete as necessary)
65+ years / Student / Country Member (50 mls +)	£ 15 *
14 - 17 years	£ 5 *
Associate Member (Non-playing)	£ 3 *

NAME _____

TEL NO: _____

ADDRESS _____

E-MAIL: