**Buchanan Castle Golf Club**

**APPLICATION FOR MEMBERSHIP**

I wish to be nominated for election to the Club in the following membership category:

*Please tick the relevant boxes (for full details of membership categories please see the website)*

|  |  |  |  |
| --- | --- | --- | --- |
| Ordinary Member (31yrs+) |  |  |  |
| Intermediate Member (25-30yrs) |  |  |  |
| Youth Member (18-24yrs) |  |  |  |
| Senior Member (70yrs+) |  | I have 25yrs+ membership at another club |  |
| Senior Member (80yrs+) |  | I have 30yrs+ membership at another club |  |
| Senior Member (90yrs+) |  |  |  |
| Junior Member (12yrs +) |  | Affiliated to Ordinary Member |  |
| Junior Member (under 12) |  | Affiliated to Ordinary Member |  |
| Country Member |  |  |  |
| Off Peak (Twilight) Member |  |  |  |
| Academy Member (Adult) |  | Affiliated to Ordinary Member |  |
| Full Family Membership (2 Adults + 2 Juniors) |  |
| Intermediate Family Membership (2 Intermediate Adults + 2 Juniors) |  |
| Academy Family Membership (4 members) |  |

**APPLICANT DETAILS**

|  |  |
| --- | --- |
| Full Name: |  |
| *(Block Letters) (Please indicate title: Mr/Mrs/Ms/Miss/Other)*Date of Birth: |  |
| Address: |  |
|  |  |
|  |  |
| Postcode: |  |
| Telephone Number: | Mobile Number: |
| E-mail: |  |
| Is your application based on 🞏 recommendation 🞏 our website 🞏 newspaper ad 🞏 magazine ad 🞏 social media 🞏 Other. Please specify. |
|  |  |
| Have you ever been refused admission, or been required to resign from any other club? |
| Are you related to any member of the Club? (if yes, please provide details) |
|  |

|  |
| --- |
| If elected, I undertake to abide by the Club Rules and Regulations.Signed…………………………………………………………………………………………. |

**TO BE COMPLETED BY THE PROPOSER/SECONDER**

If you do not know any current Club members please contact the Secretary *(contact details below)*

**PROPOSER**

|  |  |
| --- | --- |
| Name: | Signed: |
| Date: |  |
| Relationship to applicant: |  |
| How long have you known the applicant? |  |

**SECONDER**

|  |  |
| --- | --- |
| Name: | Signed: |
| Date: |  |
| Relationship to applicant: |  |
| How long have you known the applicant? |  |

**Please return this form to:**

**The Secretary**

**Buchanan Castle Golf Club**

**Drymen**

**Glasgow**

**G63 0HY**

**Tel: 01360 660330**

**e-mail:** **proshop@buchanancastlegolfclub.co.uk**

**Website: www.buchanancastlegolfclub.co.uk**