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THE COAT OF ARMS OF THE DUKE OF MONTROSE

**Buchanan Castle Golf Club**

**APPLICATION FOR MEMBERSHIP**

**GOLFING HISTORY**

Are you new to golf? If so, please tick here 🞎 (You do not require to answer the following question)

 CDH ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (available in the My Handicap section of the Scottish Golf app)

 Name of your last club ­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If you are continuing Membership of another club, please tick whether you wish Buchanan Castle to be your ‘Home’ or ‘Away’ Club 🞎 Home 🞎Away

**APPLICANT DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name:*First Middle Last* |  |  |  |
| Date of Birth *DD MM YYYY* |  |  |  |

Wish to be known as:­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Town/City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ County \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where did you hear about Buchanan Castle? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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)*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Select Category |  Age | No of years at current club | Affiliated to an Ordinary member | Have you been a member of BCGC in the last 3 years? |
| Ordinary Member (30yrs+) |  |  |  |  |  |
| Intermediate Member (24-29yrs) |  |  |  |  |  |
| Youth Member (18-24yrs) |  |  |  |  |  |
| Senior Member (70yrs+)\* |  |  |  |  |  |
| Junior Member \*\* |  |  |  |  |  |
| Country Member (home address more than 75 miles away) |  |  |  |  |  |
| Off Peak (Twilight) Member |  |  |  |  |  |
| Academy Member (Adult) |  |  |  |  |  |
| Academy Family Membership (4 members) |  |  |  |  |  |
| Get into Golf |  |  |  |  |  |

 \*A Seniors Discount may apply if you are aged 70+ and have 25 years continuous membership at another club

 \*\* Parent/Guardian Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mobile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We will not pass your data to anyone other than Scottish Golf who need it to process handicaps. We would like to send you club information and some Pro Shop emails may include promotions from 3rd parties. Please tick the boxes to indicate if you are happy to allow:

Info to Scottish Golf 🞎 Information from the club including details of events 🞎 Information from the Proshop including 3rd party promotions 🞎

**PROPOSER**

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

|  |
| --- |
| I declare that all the information I have provided is accurate to the best of my knowledge.If elected, I undertake to abide by the Club Rules and Regulations.Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Please return this form to:**

**Buchanan Castle Golf Club, Drymen,Glasgow,G63 0HY,**

**Tel: 01360 660330 , e-mail:** **membership@buchanancastlegolfclub.co.uk**

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