



Craigie Hill Golf Club (1982) Limited

Cherrybank, Perth. PH2 0NE

Club Office 01738 620829
Clubhouse 01738 624377
Pro Shop 01738 622644

FORM OF APPLICATION FOR MEMBERSHIP TO "LEARN TO PLAY GOLF" CATEGORY

I desire to become a "Learn to Play Golf" member of The Craigie Hill Golf Club (1982) Ltd and I agree to be bound by all the obligations and conditions of the said club, and the Bye-Laws and regulations of the club for the time being and I affirm that no application in my name to any other club has been rejected, nor has membership in my name of any other club been compulsorily terminated.

Mr./Mrs./Miss	Age Last Birthday:
Address:	Date of Birth: Occupation:
Post Code:	Email:
Telephone Home:	Work: Mobile:

I understand that my membership will not include any privileges of Founder Membership. I also understand that there are certain restrictions/conditions associated with this membership category and I both understand these and agree to abide by them.

Signature:	Date:
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