Craigie Hill Golf Club (1982) Limited

Cherrybank, Perth. PH2 0NE

Club Office 01738 620829
Clubhouse 01738 624377
Professional 01738 622644

FORM OF APPLICATION FOR MEMBERSHIP TO THE FOLLOWING SECTION -

CLUB - MALE OF ANY AGE - FULL GOLFING AND CLUBHOUSE FACILITIES
LADIES - FEMALE OF ANY AGE - FULL GOLFING AND CLUBHOUSE FACILITIES

I desire to become a . . . . . Member of The Craigie Hill Golf Club (1982) Limited 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.

Applicants Details (Block Letters Please)

Name: **Title** (Mrs, Mr, Ms, etc)**:**	**Age Last Birthday:**
Address:	**Date of Birth:**
	Occupation:
Post Code:	**e-Mail address:**
Telephone **Home:**	**Work:**

Golfing Experience

Previous or Current Club Memberships (List additional clubs overleaf if necessary)

(1) **Golf Club**	**(2)** **Golf Club**
SSS : **H'cap:**	**SSS :** **H'cap:**
Membership from **to**	**Membership from** **to**

I understand that my membership will not include any privileges of Founder Membership

Signature	**Date**

"Referred by" for official use only

Referred by :	**Signature :**