

BEARSDEN GOLF CLUB

1891

Bearsden Golf Club, Thorn Rd, Bearsden, G61 4BP

0141 586 5300 secretary@bearsdengolfclub.com

Membership Application Form

Personal details:

Name: Mr. / Mrs. / Ms. _____

Address: _____

Postcode: _____

Occupation: _____

Date of Birth: _____

Telephone

Home: _____ **Work:** _____ **Mobile:** _____

Email: _____

Are you, or have you been, a member of any other golf clubs?

Club(s): _____

Handicap: _____ **CDH ID:** _____

How did you hear about Bearsden Golf Club? _____

I am interested in 7 Day / 6 Day / 5 Day / Intermediate / Junior / Pre-Junior / Social* membership of Bearsden Golf Club, and, if accepted, agree to conform to the Rules and Bye-Laws of the Club throughout my membership.

*Please highlight your preferred category of membership

Signature: _____

Date: _____

For BGC1891 Use

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