



BEARSDEN

— GOLF CLUB 1891 —

Thorn Road Glasgow ,G61 4BP Telephone 0141 586 5300

Membership Application Form

Personal details:

Name: Mr. / Mrs. / Ms. _____

Date of Birth: _____

Email: _____

Address: _____

Postcode: _____

Telephone: Home: _____ Mobile: _____

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

Club(s): _____

Handicap: _____ CDH ID: _____

Membership Category, Please tick one.

CATEGORY		CATEGORY	
7 Day	<input type="checkbox"/>	Junior	<input type="checkbox"/>
6 Day	<input type="checkbox"/>	Pre –Junior	<input type="checkbox"/>
5 Day	<input type="checkbox"/>	Social	<input type="checkbox"/>
Intermediate	<input type="checkbox"/>		<input type="checkbox"/>

Payment method:

Go Cardless - Monthly Payment Date (please circle)	Pay Up Front
<input type="checkbox"/> 1 st <input type="checkbox"/> 15 th <input type="checkbox"/> 27 th	<input type="checkbox"/>

If I am accepted as a member of Bearsden Golf Club I agree to conform to the Rules and Bye-Laws of the Club throughout my membership.

Signature: _____ Date: _____

For BGC1891 Use Only.