



GIFFORD GOLF CLUB

Edinburgh Road, GIFFORD, East Lothian, EH41 4JE, 01620 810591
info: www.giffordgolfclub.com email: secretary@giffordgolfclub.com

Application for Membership

Name

Address

.....

.....

Telephone

Email

Date of birth*

*mandatory for junior (under 18) and youth (18-22 and in full-time education) membership

I wish to become a member of Gifford Golf Club. I hereby agree, if elected, to abide by the Rules and Byelaws of the Club.

I am presently a member of the undernoted clubs:

.....

.....

I have formerly held a National Handicap yes no

My National Handicap is and I enclose a copy of my handicap certificate.

Signed Date

Nomination

Proposed

Seconder

Both proposer and seconder must have been full members of Gifford Golf Club for a minimum of 1 year and should have known the candidate for at least 12 months.

Note: Candidates who are unable to obtain a proposer and seconder may still submit an Application Form and will be interviewed by the Membership Sub-Committee.

Date application received by Secretary