



THE EASTWOOD GOLF CLUB

Langlee Road, Loganswell, Newton Mearns, Glasgow, G77 6RX

Tel: 01355 500280

Email: admin@eastwoodgolfclub.org.uk

MEMBERSHIP APPLICATION FORM

PERSONAL DETAILS	
First Name	Other Names
Surname	
Address	
Postcode	
Date of Birth	
Tel (Home)	
Tel (Mobile)	
Tel (Bus)	
Email Address	
Occupation	

GOLF	
Any Golf Clubs / Organisations of Which You Are or Have Been a Member	
Current Handicap held	
CDH Number	
Please List Name and Relationship to Any Current Members of Eastwood	

MEMBERSHIP CATEGORY FOR APPLICATION (Please Tick)							
Full	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Associate	<input type="checkbox"/>	Weekday	<input type="checkbox"/>

I wish to apply for admission as a Member of The Eastwood Golf Club. I undertake, if admitted, to the terms laid down in the Constitution and Rules of the Club, and to pay any Entry Money and Subscription within seven days of notification of acceptance.

SIGNED			
Signature of Applicant		Date	