



BONNYTON GOLF CLUB

Kirktonmoor Road, Eaglesham, Glasgow, G76 0QA
Tel 01355 303030 - Fax 01355 303151
secretarybgc@btconnect.com

APPLICATION FOR MEMBERSHIP

I hereby apply for membership of Bonnyton Golf Club as a _____ Member and, if admitted, shall conform to the Constitution & Rules of the Club. **I undertake to pay all entry fees and subscriptions due by me should any payment be outstanding at the time of my resignation from the Club.**

Full name _____

Address _____

_____ Post Code _____

Email _____ Date of Birth _____

Tel No: _____ Mobile _____

Occupation _____

Are you a member or past member of another club? _____ Which Club _____

CDH No _____ Handicap _____

Will Bonnyton be your Home Club? _____

Have you ever been disciplined by or expelled from another golf club? _____

Are your spouse/partner/children golfers? _____

Signature of Applicant _____ Dated _____

PROPOSED BY (MUST BE A FULL MEMBER)

SECONDED BY (MUST BE A FULL MEMBER)

NAME

NAME

SIGNATURE

SIGNATURE

Categories of Admission to Membership

Full, Associate, Weekday, Youth, Corporate, Country, Junior and Social

Notes to Applicants

If any part of this application is completed inaccurately, the Board reserves the right to take action in terms of the Constitution & Rules of the Club.