



THE WHITECRAIGS GOLF CLUB,  
 72 AYR ROAD, GIFFNOCK, GLASGOW G46 6SW  
 Office: 0141 639 4530 Professional: 0141 639 2140 Fax: 0141 616 3648  
 Email: [whitecraigsgc@btconnect.com](mailto:whitecraigsgc@btconnect.com)  
 Website: [www.whitecraigsgolfclub.com](http://www.whitecraigsgolfclub.com)

To the Committee of Management

I hereby apply for membership of Whitecraigs Golf Club as a: (delete as appropriate)

Full/Restricted/3 Day/Social/Junior /Par 3

FULL NAME (Please print) ..... TITLE .....  
 HOME ADDRESS.....  
 POST CODE ..... DATE OF BIRTH.....  
 HOME TEL NO ..... MOBILE TEL NO.....  
 EMAIL ADDRESS .....  
 OCCUPATION ..... BUSINESS TEL NO.....  
 MEMBERSHIP OF OTHER CLUBS ..... HANDICAP (if any).....

If admitted I shall comply with the Club constitution and any local rules.

APPLICANT'S SIGNATURE .....

**PROPOSER:** Please state when you joined

**SECONDER:** Please state when you joined

(must be a member at least 1 year) .....

(must be a member at least 1 year) .....

NAME .....

NAME .....

ADDRESS .....

ADDRESS .....

.....MEMBER (TYPE)

.....MEMBER (TYPE)

SIGNATURE .....

SIGNATURE .....

DATE .....

DATE .....

Proposers and seconders may not propose or second more than 2 applicants for full or restricted membership per year.

This form must be lodged with the Club Secretary at the above address together with letters of recommendation from both the Proposer and Secunder. These letters must state how long they have known the applicant and in what capacity e.g. relative, friend etc and why they consider the applicant suitable for admission. Candidates and sponsors must be prepared to be interviewed by members of the Committee for approval. A deposit of £20 is required with this form. It is non-returnable except at the Committee's discretion.

For office use: £20 Registration fee paid: YES/NO