



# BOTHWELL CASTLE GOLF CLUB

Uddingston Road,  
Bothwell,  
Glasgow  
G71 8TD

**General Office**  
Tel/Fax: 01698 801971

## APPLICATION FOR ASSOCIATE MEMBERSHIP

Surname - .....

Christian Names - .....

(Block Capitals Please)

Address - .....

.....

Post Code - .....

Email - .....

Date of Birth - .....

Home Tel No - .....

Are you or have you ever been a member of any other Golf Club? If so please state the name(s) of the Club(s) - .....

.....

State your present handicap - .....

I, .....hereby declare that this is a genuine application for Membership of Bothwell Castle Golf Club and that, if elected, I undertake to comply with the Constitution and Rules of the Club.

**Signature of Applicant** - .....

Date - .....



**Proposed by – Signature** .....

Name and Address .....

(Block Capitals Please) .....

.....

Post Code .....

Date .....

**Seconded by – Signature** .....

Name and Address .....

(Block Capitals Please) .....

.....

Post Code .....

Date .....

**Note:** - The Constitution provides that –

- (i) the Proposer and Seconder must have been Full Members for not less than three years;
- (ii) the applicant must be known personally to the Proposer and Seconder;
- (iii) a member shall not act as a proposer or seconder more than twice in any one year.