



BOTHWELL CASTLE GOLF CLUB

Uddingston Road,
Bothwell,
Glasgow
G71 8TD

General Office
Tel/Fax: 01698 801971

APPLICATION FOR JUNIOR MEMBERSHIP

Surname -

Christian Names -

(Block Capitals Please)

Address -

.....

Post Code -

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) –

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.....

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.