

**APPLICATION FORM FOR MEMBERSHIP  
OF  
NEWMACHAR GOLF CLUB**

**Please complete this form and return it to Administration, Newmachar Golf Club, Swailend, Newmachar, AB21 7UU, for consideration by the Club Council.**

Category of membership applied for (Full, 5 Day, Swailend) \_\_\_\_\_

**APPLICANT**

FULL NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

POSTCODE: \_\_\_\_\_

Tel. Nos. (Home): \_\_\_\_\_ (Business): \_\_\_\_\_

Email address: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Present or Previous Club: \_\_\_\_\_

Current Handicap (if applicable): \_\_\_\_\_

Have you previously been a member of Newmachar Golf Club? \_\_\_\_\_

If yes, why did you leave? \_\_\_\_\_

**I agree to be bound by the Club Constitution and I have no objection to the above information being stored on computer for Club use.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Proposer:** Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Seconder:** Name: \_\_\_\_\_ Membership No: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_