



BONNYTON GOLF CLUB

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

Hon Secretary: Lester Cram

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.

Full name _____ Date _____

Address _____

_____ Post Code _____

Email _____ Date of Birth _____

Tel No: _____ Mobile _____

Occupation _____

Business Address _____

Post Code _____ Business Tel No _____

Are you a member or past member of another club? _____ Official Handicap _____

If so, state which Club _____

Are you on the waiting list of another golf club and if so which? _____

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

PROPOSED BY (Must be a Full member)

SECONDED BY (Must be a Full member)

Name _____

Name _____

Address _____

Address _____

Occupation _____

Occupation _____

I have known the applicant personally for _____ years

I have known the applicant personally for _____ years

Signature _____

Signature _____

Categories of Admission to Membership

Full, Associate, Student, 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.

Notes to Sponsors

The Sponsor may be required to attend the Applicant's interview. The Sponsor will be held responsible for the Applicant's behaviour both within the Club and on the Course.

All applications must be accompanied by a letter of reference from both the Proposer and Seconder