

Stranraer Golf Club  
Creachmore  
Stranraer  
DG9 0LF



Secretary - James Burns  
Tel.01776870245. Fax.01776 870 445

**APPLICATION JUNIOR FOR MEMBERSHIP**

Full name    Master/Miss    \_\_\_\_\_  
                  Address        \_\_\_\_\_  
  \_\_\_\_\_

                  Postcode        \_\_\_\_\_

                  E-Mail Address    \_\_\_\_\_

                  Tel. No                \_\_\_\_\_  
                  Emergency contact number (if different from above)  
  \_\_\_\_\_

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

Membership type

**Minimum age 8 years**

Under 12 years of age (on 15<sup>th</sup> February)      
Under 16 years of age (on 15<sup>th</sup> February)      
16 – 18 years of age                               

Existing membership of other Golf Club/s    \_\_\_\_\_  
Previous membership of other Club/s        \_\_\_\_\_

Current handicap \_\_\_\_\_

Applicants are advised that admission is subject to approval by the Management Committee. After a waiting period of a minimum of two weeks a bill will then be issued

If accepted for Membership, I hereby undertake to conform to the Constitution, Rules and Bye-laws and to use the best of my endeavours to preserve the standards and good name of Stranraer Golf Club.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Proposer \_\_\_\_\_ Date \_\_\_\_\_

(Being a Full Member of Stranraer Golf Club)

Application received    \_\_\_/\_\_\_/\_\_\_      Approved    \_\_\_/\_\_\_/\_\_\_      Letter sent    \_\_\_/\_\_\_/\_\_\_