Stranraer Golf Club
Creachmore
Stranraer
DG9 0LF

Secretary – Lawri Shanks
Tel.01776870245. Fax.01776 870 445

APPLICATION FOR JUNIOR 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 15th February) ☐
Under 16 years of age (on 15th 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 ___/___/___