



BRAESIDE GOLF CLUB

APPLICATION FOR MEMBERSHIP

MR/MRS/MS/MISS FIRST NAME

SURNAME

ADDRESS

.....

.....

POSTCODE

HOME TEL NO. OFFICE/DAYTIME TEL NO.....

MOBILE TEL NO. EMAIL.....

My current handicap is _____ and I enclose my handicap certificate from
_____ Golf Club

I wish Braeside Golf Club to be my: **Home Club / Away Club** (please indicate)

Please note: If you are unable to provide a valid handicap certificate you will need to complete 3 rounds of golf with a member(s), 4 for the Ladies, one of which will have to be with a Committee Member.

SIGNED: DATE:.....

NB. Membership of Braeside Golf Club is entirely at the discretion of the committee

OFFICIAL USE ONLY

Committee Card Completed By:..... Date:.....

Date Accepted:

Handicap Awarded:

Joining Pack Sent: