



SALINE GOLF CLUB

Saline Golf Club, Kinneddar Hill, SALINE, Fife KY12 9LT
phone: 01383 852591 info: www.SalineGC.co.uk email: Secretary@SalinGC.co.uk

Application for Membership

Name
Address
.....
.....
Telephone
Email
Date of birth*

*mandatory for junior (under 18) and intermediate (18-25) membership

I wish to become a member of Saline Golf Club. I hereby agree, if elected, to abide by the Rules and Byelaws of the Club.

I am presently a member of the undernoted clubs:

.....
.....

I have formerly held a National Handicap – YES / NO

If YES my National Handicap is and I enclose a copy of my handicap certificate.

Signed Date

Nomination

Proposed
Secunder

Both proposer and secunder must have been full members of Saline Golf Club for a minimum of 1 year and should have known the candidate for at least 12 months.

Note: Candidates who are unable to obtain a proposer and secunder may still submit an Application Form and will be interviewed by the Membership Sub-Committee.

Date application received by Secretary