



## SALINE GOLF CLUB

Saline Golf Club, Kinneddar Hill, SALINE, Fife KY12 9LT  
phone: 01383 852591 info: [www.SalineGC.co.uk](http://www.SalineGC.co.uk) email: [Secretary@SalinGC.co.uk](mailto: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 .....

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#### **Nomination**

Proposed .....  
Seconder .....

Both proposer and seconder 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 seconder may still submit an Application Form and will be interviewed by the Membership Sub-Committee.

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Date application received by Secretary .....