Taymouth Castle Golf Club

Membership Application Form

I wish to apply for Membership of Taymouth Castle Golf Club and enclose my cheque for the appropriate fee made payable to Taymouth Castle Golf Club
(For full details of Membership please refer to the Club Constitution. Please indicate the category of membership being applied for by ticking the appropriate box below)

☐ **Ordinary Member** ☐ **Life Member** ☐ **Non-playing Member**

☐ **Intermediate Member:** Open to those aged between 18 - 25 on March 31 of the year of membership

☐ **Junior Member:** Open to those under 18 years of age on March 31 of the year of membership

Title:	**First Name:**	**Initial(s):**	**Surname:**

Address: **Post Code:**	**Male / Female** *(Please delete as appropriate)* **Date of Birth:**

Telephone No:	**Mobile No:**

Email Address:

I consent to my email address being made available to Club members for the purpose of communicating with and between members in pursuance of playing golf and other Club matters

Name of Golf Club(s) of which you are or have been a member: *(Please indicate which, if any, are current memberships)*	**Handicap (if any)** *Please note – if transferring a handicap a valid certificate from your previous club must be provided, otherwise you will be asked to submit cards as detailed under the CONGU Unified Handicapping System.*

I agree to abide by the Constitution and Rules of Taymouth Castle Golf Club
(A copy of the TCGC Constitution can be downloaded from the Club's website)

Signature of Applicant…….. Date: ……

Proposed by: …… ……..... Date: ……
Signature *Print Name*

Seconded by: …… ……..... Date: ……
Signature *Print Name*

The completed Application Form together with the relevant Membership Fee should be sent to the Club Secretary. Contact details and details of fees and can be found at www.taymouthcastlegolfclub.com