

Membership Application Form

Title:	First Names:	Surname:
Address:		Postcode:
Tel No (home):	Tel No (mobile optional):	
Email address:		
Previous Club:		
Handicap (if applicable):	CDH ID Number (if known):	
Type of Membership applied for (eg. Full, Country, Junior etc):		
Proposed by (give name of two members):		

JUNIORS ONLY:	
Date of Birth:	Signature of Parent/Guardian:

Signature of Applicant: _____ Date: _____

Please return to: Strathpeffer Spa Golf Club, Golf Course Road, Strathpeffer IV14 9AS

OFFICE USE ONLY	
Approved by:	
Invoice sent:	Application number:

Information provided on this form is used solely by Strathpeffer Spa Golf Club and will not be passed to any third parties.