

APPLICATION FOR MEMBERSHIP



STRATHPEFFER SPA
GOLF CLUB

Title:	
Name In Full:	
Address:	
Post Code:	
Telephone/Mobile:	
Email:	
Previous Club: (if applicable)	
Handicap (if applicable):	
Proposed By: (give names of 2 members)	
Type of Membership Applied For: (Full, Country, Junior)	
<i>Juniors Only:</i> Date of Birth:	
Signature of Parent/Guardian:	
Signature of Applicant:	
Date:	

For Club Use:

Approved By:	
Invoice Sent:	
Application Number:	