ARBROATH ARTISAN GOLF CLUB

APPLICATION FOR MEMBERSHIP

Name			
Address			
Post Code	Telephone No		
	Mobile No		
Email			
Date of Birth			
Occupation			
Membership Category	being applied for		
Associate Member*			
Previous Club (if any) _			
Is Arbroath to be your	Home Club?		
CDH (if any)			
Previous Handicap (if a	any)		
Have you had a membership at this club before?		If so when?	
Date of Application			
Signature of Applicant			
•	artner may, if you wish, become Golf Links green fee ticket.	e an associate member, providing they do not ho	ld a
Name of Introducing m	nember (if applicable)		
For Secretary's use			
Membership Category	Assigned		
Letter sent			