

HELENSBURGH  
GOLF CLUB

Founded 1893



APPLICATION FOR..... (Type) MEMBERSHIP

Title & Full Name .....	Occupation .....
Date of Birth ...../...../.....	Telephone.....(Home)
Address .....	.....(Work)
.....	E-mail.....
.....	
Post Code.....	
Previous Club.....H/cap..... (Certificate must be attached)	
I enclose a cheque for £30 waiting list deposit, which is deductible from the first subscription. If accepted, I agree to abide by the Rules and Byelaws of the Club (Deposit applies to ordinary members only and does not entitle the applicant to use of any of the Club facilities)	
Candidates Signature.....	Date.....

**JUNIOR MEMBERS ONLY**

I agree with .....’s (Name) Application for Membership and will be responsible for payment of their Annual Subscription during the whole of their Junior Membership

Parent/Guardian’s Signature..... Date.....

**PROPOSER**

Name.....Membership No.....Signature.....

**SECONDER**

Name.....Membership No.....Signature.....

Please return completed application form and deposit (where applicable) to:

**The Secretary, Helensburgh Golf Club, 25 East Abercromby St, Helensburgh, G84 9HZ**

FOR OFFICE USE ONLY

Received	Date...../...../.....	Deposit Received	Yes/No
Approved	Date...../...../.....	Membership No	.....