



Gourock Golf Club

Membership Application Form

Full Name: _____

Address: _____

Post Code: _____

Occupation: _____

Date of Birth: _____

Home Tele No.: _____

Business No.: _____

Email Address: _____

Please list **ALL** Golf Clubs or Societies of which you have been a member.
A letter of introduction from your Club or Society should accompany this application.

Current Handicap: _____ Please enclose a copy of your current handicap certificate.

Please indicate the class of membership for which you wish to be considered:

Gent Full Member

Lady Full Member

Junior

House

Candidate's signature: _____

Date: _____

You must be a full member for at least 3 years to propose or second any applicant.

Proposed by: _____

Signature: _____

Seconded by: _____

Signature: _____

Applicants may be invited to attend an interview.

Cowal View Gourock Inverclyde Scotland PA19 1HD
Clubhouse 01475 631001 Professional 01475 636834 Caterer 01475 638307

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