



New Galloway Golf Club

I wish to apply for admission as a member of New Galloway Golf Club in the under noted category and bind myself to comply with the Constitution, Rules and By-laws of the club if admitted.

Please tick as appropriate

- Ordinary Member
- Young Adult (Between 18 and 21 on 1st January)
- Junior Member (Under 18 on 1st January)
- Non-Playing Member

Full Name _____

Address _____

Post Code _____

Email address _____

Date of Birth _____ Telephone Number _____

Signature _____ Date _____

Applicants who are or have been members of any other club should state the name of the club and their current handicap.

Club _____ Handicap _____

Proposer & Seconder must be full members of New Galloway Golf Club

Signature of Proposer _____

Print Name _____

Signature of Seconder _____

Print Name _____

When completed, please send to: The Hon Secretary, Ian Brown, 5 St Michaels Crescent, Crossmicheal, Castle Douglas, DG7 3BA