

The Eastwood Golf Club

Muirshield Loganswell
Newton Mearns Glasgow G77 6 RX
Tel - Secretary (a.m. only) - 01355 500280

APPLICATION FOR MEMBERSHIP ASSOCIATE MEMBER

Please complete in BLOCK letters.

Surname	Forenames
Known name (if different)	
Address	
Post Code	
Occupation	Date of Birth
Tel (Home)	Tel (Bus)
Tel Mobile)	e-mail
Golf clubs of which you are or have been a member	
Handicap held	
State name and relationship to current members of The Eastwood Golf Club	

I wish to apply for admission as a Member of The Eastwood Golf Club. I understand that my name will not be added to the waiting list until I have been interviewed, approved by the General Committee and I have paid the initial deposit. I undertake, if elected, to conform to the terms laid down in the Constitution and Rules of the Club, and to pay any Entry Money and Subscription within seven days of receipt of notification of election.

Signature of Applicant	Date
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To be completed by Proposer and Seconder

Proposed by	Seconded by
Block capitals	Block capitals
Address	Address

Note:- Members but not Associates may Propose, Second, or Recommend applicants once they have been a Member for at least 3 years but they may only Propose or Second a maximum of 2 Applicants in any Club year.