



# KILSYTH LENNOX

GOLF CLUB

## Application for Membership

Date: .....

Name: .....

Address: .....

Post Code: .....

Telephone: .....

Date of Birth: .....

Email Address: .....

### Type of Membership

(tick appropriate section only)

Gents/Ladies Ordinary	
Boys/Girls Youth (16-17)	
Boys/Girls Youth (18-21)	
Boys/Girls Youth (21-25)	
Boys/Girls Junior (up to 16)	
Gents/Ladies Senior	
Ladies Country	
Armed Forces	
Gents/Ladies Weekday	
Associate Membership (non golfing)	

Handicap of any previous clubs.....(Please supply Handicap Certificate if available)

CDH Number.....(If no Handicap Certificate available)

Details of any previous clubs:

.....

I will pay my membership by **\*Direct Debit / \*Cash** \*Delete as appropriate

### Terms & Conditions

If you stop your direct debit at any point during the season we will ask that you pay the remainder of the green fee balance due for the year. This would also include any outstanding joining fees.

Any assets in our possession will be retained until all liabilities are met.

Signed: .....

*This form should be returned to Andy Green, Kilsyth Lennox Golf Club, Tak-Ma-Doon Road, Kilsyth, Glasgow G65 0RS*

In accepting membership of Kilsyth Lennox Golf Club I agree to be bound by the rules and regulations set out in the club's constitution and Bye Laws pertaining to the membership year. I also confirm that I have read the Club's GDPR Policy set out here <http://www.kilsythlennox.com/data-protection-policy/> and agree to it's terms including the permissions to receive Club Communications by post and email all as set out in that policy document.

Name.....

Membership no.....

Signed.....

Dated.....

How did you find out about us?

To enable the Club to better utilise our marketing resources could you please tick the relevant box below.

CLUB WEBSITE	
FACEBOOK	
TWITTER	
LOCAL PRESS	
FRIENDS/FAMILY	
CLUB MEMBER	
WORD OF MONTH	