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PITLOCHRY GOLF MEMBERSHIP APPLICATION FORM

PLEASE SELECT THE MEMBERSHIP CATEGORY YOU ARE APPLYING FOR –

FULL	COUNTRY	INTERNATIONAL		
INTERMEDIATE	BAND 1	BAND 2	BAND 3	BAND 4
JUNIORS	Under 18	Under 14		

LETOCH LINKS

APPLICANT (FULL NAME)

_____ GENDER _____ DOB _____

ADDRESS _____

_____ POST CODE _____

EMAIL _____ TEL _____ MOBILE _____

HANDICAP (if any) _____ PREVIOUS GOLF CLUB (if any) _____

CDH No: _____

Is Pitlochry to be your HOME Club for Handicap purposes? **YES / NO**

I desire to become a member of Pitlochry Golf Club, and I agree to be bound by all the obligations and conditions of the current rules, bye-laws and regulations of the said club, for the time being.

SIGNATURE

DATE

OFFICE USE ONLY: ANSWERED _____ ACCEPTED _____

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