 Bog Road

**APPLICATION FOR MEMBERSHIP** Torphins

**2020** Banchory AB31 4JU

(PLEASE COMPLETE ALL SECTIONS)

SURNAME (Mr/Mrs/Miss/Ms/Other).....................................................................................

CHRISTIAN NAMES(s) .............................................................................................................

ADDRESS ................................................................................................................................

.................................................................................................POST CODE............................

HOME TELEPHONE NO................................MOBILE TELEPHONE NO....................................

EMAIL ADDRESS....................................................DATE OF BIRTH ......./......./.......................

I agree to my email address being added to The Club Secretary's emailing list . Please tick.

Category of Membership(Please indicate) TickC:\Users\admin\AppData\Local\Microsoft\Windows\Temporary Internet Files\Content.IE5\9U5VAZBE\tick[1].jpg **BENEFITS**

Full.............................................. £250.00 ............... RECIPROCAL ARRANGEMENT

Senior (over 65 and 20 year's membership) £230.00 ............... WITH DEESIDE LEAGUE CLUBS

Young Adult22 -25.................... £100.00 ...............

Youth18 - 21............................ £ 80.00 ............... STAGED PAYMENTS (5 MONTH

Junior 16 -17 ............................ £ 30.00 ............... PAYMENT PLAN)

Junior 12 - 15 ........................... £ 20.00 ...............

Junior under 12 ........................ £ 10.00 ............... FREE FOOTGOLF FOR MEMBERS

Family ...................................... £480.00 ...............

9 Hole Competitive .................. £120.00 .............. AFFORDABLE MEMBERSHIP TO

Social ........................... £100.00 .............. SUIT YOUR LIFESTYLE

WILL TORPHINS GOLF CLUB BE YOUR HOME CLUB ? YES/NO PGA PROFESSIONAL COACH

IF NO, PLEASE STATE YOUR HOME CLUB ............................................

CDH NUMBER (if applicable) ................................... 10 digits

CURRENT HANDICAP (if applicable) ...........................

I agree to abide by the constitution and rules ofthe golfclub at all times.

We need to collect our member's personal information, so we can manage your relationship with us.

Please visit our website www.torphinsgolfclub.co.uk to read our privacy policy and see how it affects you.

OPTIONAL - WHICH MEMBER DO YOU WANT TO RECEIVE £20.00 FOR INTRODUCING YOU TO THE CLUB (ONLY APPLICABLE TO FULL MEMBERS) ? .........................................................................

Signature................................................................... Date ...........................................

PLEASE RETURN YOUR COMPLETED FORM TO THE TREASURER: **GRAHAM YOUNG**

**21 BRAECROFT DRIVE, WESTHILL, ABERDEENSHIRE. AB32 6FF**

**TELEPHONE: 01224 743108 MOBILE: 07950 362908**

**E-MAIL: gyoung@corguv.com**