

RENFREWSHIRE LADIES' COUNTY GOLF ASSOCIATION

Application for Membership

Full name: Dr/Mrs/Miss/Ms _____

Age: (date of birth if under 23) _____

Permanent Address: _____

Post code: _____

Telephone No: _____

Email address: _____

Name of Home Club: _____

Are you a member of any other County Golf Association? _____

Name of all Golf Clubs (in any County) of which you are a member: _____

Congu Handicap: _____ (Handicap limit - 24 - at time of application and entry)

CDH Number: _____

Proposer: _____ **Signature**

Name: (Block capitals): _____

Club: _____

Seconder: _____ **Signature**

Name: (Block capitals) _____

Club: _____

Signature of Applicant: _____

Date: _____

Members may only propose or second one person **each year**, and must have been a Member of the Association for not less than three years.

The Application should be sent to Membership Secretary after completion -
Sandra MacDougall , 41 Octavia Terrace, Greenock, PA16 7SR. Tel. No. 01475 724118