

# THE EDZELL GOLF CLUB

EDZELL, ANGUS, DD9 7TF

## MEMBERSHIP FORM

Full Name (Block Capitals).....

Address.....

Address ..... Postcode .....

Telephone Number ..... Mobile Number .....

Occupation..... Date of Birth.....

Email address .....

Class of Membership desired.....

(i.e. Ordinary, Associate, Country, West Water, Non-Playing)

**Note.** - Country membership is restricted to those whose main residence is 60 miles from the Clubhouse.

Present or Previous Club.....

Present Handicap..... CDH No.(if known) .....

\*I was recommended Edzell Golf Club membership by .....

I declare that the above particulars are correct.

Date..... Signature

By signing this form you are giving the Club consent to hold the above data and contact you regarding club information and services. More information on the Club privacy policy is available on the website.

**This form when completed should be returned to the Club Secretary**

\*Optional. You may enter the name of the Edzell Golf Club Member who recommended the Club to you.