

Membership Application Form

Pollok Golf Club
 90 Barrhead Road
 Glasgow
 G43 1BG



www.pollokgolf.com
 manager@pollokgolf.com
 0141 632 4351

POLLOK GOLF CLUB

Your Details (please complete details in BLOCK CAPITALS)

Title	Forename(s)		Surname	
Address				
Post Code			Date of birth	
Email			Profession or occupation	
Actual business activity				
Employer name and address				
Telephone	Home	Business	Mobile	
Relationship(s) to existing member(s)				
Are you a current member of any other Golf Clubs (please list)?				
Current handicap & CDH Number (if applicable)				
Do you wish to make Pollok your home club?		Yes	No	

Emergency Contact

Title	Forename	Surname		
Home telephone		Mobile telephone		
Relationship to you				

Reason for applying

Applicant's declaration & signature

I enclose my registration fee of £50. I understand that this fee will constitute part payment of the Entry Fee if I am admitted to membership. I further understand that the fee will be refunded to me if membership is not offered but, if I withdraw my application or if membership is offered and declined, the registration fee will be forfeited. By signing this form I hereby confirm that I accept, as final and without question, the Club's decision regarding my application.

If admitted, I shall comply with the Club's Constitution, Bye-Laws and all other rules. I consent to the Club holding and using personal information about me as detailed in the Club's Privacy Notice, and Data Protection Policy.

Signed	Date
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