**APPLICATION FOR JUNIOR MEMBERSHIP (Under 10 Years)**

|  |  |
| --- | --- |
| Name:  | Mr/Miss |
| Address: |  |
| Post Code: |  |
| Tel No: Home |  | Mobile: |
| Email Address: |  |
| Date of Birth |  |

**Type of Membership Season 2025**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Category** | **Age group** | **Subscriptions** | **Bar Levy** | **Total Fees** |
| Junior/Juvenile | Under 10 years | Nil | N/A | Nil |

I do/do not give permission for my child to be photographed

Are you presently a member of a golf club? Yes/No If yes state club \_\_\_\_\_\_\_\_\_\_

Do you wish Grangemouth to be your home Club? Yes/No Handicap \_\_\_\_\_\_\_\_\_\_\_\_

Have you ever had a Handicap? Yes/No Last Handicap \_\_\_\_\_\_\_

Please provide your CDH number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Applicant: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the form in full return to: Secretary, Grangemouth Golf Club either by post, email or in to the shop.

**Polmont Hill, Polmont, Falkirk, FK2 0YA Email.** **info@grangemouthgolfclub.co.uk**

 **Tel. 01324 503840**