



DUDDINGSTON GOLF CLUB LTD

5 DAY MEMBERSHIP APPLICATION

Name (Block letters):.....

Date of Birth:/...../.....

Home address:.....

.....Postcode.....

Telephone No:Mobile:

E-Mail:.....

Name of Employer:

Occupation:

Current / Previous Golf Club Membership?

Do you hold a current national handicap/lapsed handicap: YES / NO

Have you been an office bearer in any golf club? YES / NO Position Held:

Applicants Signature.....

Do you anyone that is currently a member of DGC? YES / NO

If yes, then please let us know their name(s).....

Please note that 5 Day Members will have the right to use the facilities of the Club as decided by the Board of Directors but have no voice or vote in the management of the Company or any right or interest to the assets of the Company or any liability for the liabilities and debts of the Company.

Applicants may be interviewed by the Board of Directors or Secretary. Once accepted into Duddingston Golf Club Ltd, I agree to pay the joining fee in full irrespective of the length of time I remain a member, I accept this document as a legally binding document under Scottish Law. I agree to be bound by the Articles of Association and Bye-Laws of the Club and pay all fees, levies and subscription payments on the due dates. Should I agree to repay any fees, levies or subscriptions by arrangement through Fairway Credit and default with any payments, I agree to refund any loss incurred to the Club as a result of this non-payment. Non-payment of said fees will result in my expulsion from the Club.

Club Use Only:

Entered to Club2000.....

E-mail added to members distribution list.....

Fairway Credit application received.....

Swipe Card number.....

Joining Fee paid.....

Additional info;

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Application Received: ---/---/----- Interview Date: ---/---/----- Date Joined: ---/---/-----