The Blairgowrie Golf Club

Application for Social Membership

Name (Block Capite	als)				
Address					
		Post Co	de		
Tel No Home		Mobile			
E-mail address				12	
Date of birth					
Gender (Delete as	appropriate) –	Male/Femal	e/Prefer not to	o say	
Referring Member			_		
				lub? (If yes please prov	iida
details)					
provide details)	1	R B	ion at anothe	r Golf Club? (If yes plea	ise
Date					
Please tick this box clubhouse as part o		-		s being published with	in the
Administration Use:					
Date received:				Welcome Pack	
Date Offered:				Welcome Letter	
Payment Received:				Member Card	
Payment Type:					
IG					
Photo ID Checked					

The Blairgowrie Golf Club
Golf Course Road, Rosemount,
Blairgowrie, PH10 6LG
E: membership@theblairgowriegolfclub.co.uk

T: 01250 872622 option 5