



KING JAMES VI GOLF CLUB

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APPLICATION FOR MEMBERSHIP

BLOCK CAPITALS PLEASE

NAME _____

ADDRESS _____

_____ POST CODE _____

TELE No. _____ MOBILE _____

E-MAIL _____

OCCUPATION _____

PRICES ON APPLICATION

DATE OF BIRTH _____

LAST CLUB _____

CURRENT HANDICAP _____ LOWEST HANDICAP _____

SIGNATURE _____ Date _____

Hereby apply to become a member and agree to abide by the Rules and Constitution of this Club.

PROPOSED BY _____

SECONDED BY _____

**PLEASE RETURN TO THE MANAGING SECRETARY
AT THE ABOVE ADDRESS**