



Membership Joining Form

Please note that the details provided below will be held by Craigielaw Golf Club in accordance with our privacy policy our policy is available to view in detail at www.craigielawgolfclub.com/privacypolicy

Membership Category

Name

Date of Birth

Nationality

Address

Post Code

Telephone

Mobile

Email

Profession or Occupation

Name and Address of Employer

Handicap

CDH Number if applicable

Current or previous memberships

Please provide two referees of professional standing from whom references may be obtained

1

2

Signed

Date

Please allow 1 week from receiving the form for us to contact you with your membership offer or details on when the offer will be made. In the meantime if you have any queries please do not hesitate to contact us on 01875 870800, info@craigielawgolflcub.com