



APPLICATION FOR MEMBERSHIP

To be completed by Applicant (block capitals please)

APPLICATION TO BECOME (please tick):

HOUSE MEMBER

ORDINARY MEMBER

WEEKDAY MEMBER

INTERMEDIATE 18 - 24

JUNIOR MEMBER

JUVENILE MEMBER

SURNAME.....

FIRST NAME.....

DATE OF BIRTH.....

HOME ADDRESS.....

.....POSTCODE.....

EMAIL.....

TELEPHONE NUMBER.....(home).....(mobile)

OCCUPATION.....

"I hereby make application for membership of The Cowglen Golf Club. I understand that if admitted I shall be subject to the Constitution and Rules of the Club. I certify that the particulars given above are true and correct."

SIGNATURE.....DATE.....

Managing Secretary

301 Barrhead Road
Glasgow G43 1AU
Tel: 0141 632 7463

Email: secretary@cowglengolfclub.co.uk
www.cowglengolfclub.co.uk

Clubhouse

Tel: 0141 632 0556

PGA Professional

Simon Payne
Tel: 0141 649 9401

Caterer

Angela Allan
Tel: 0141 632 0556