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| **GATEHOUSE GOLF CLUB APPLICATION FOR MEMBERSHIP**  Name/s (inFull)……………………………………………………………………………..  Home address………………………………………………………………………………  …………………………………………………………………………………………………….  E.mail …………………………………………………………Phone No…………………  Type of Membership applied for (please tick)  Junior 5-11years  Junior 12-16 years  Youth 17-18 years  Student 18-23 years in full time education  Adult(Ladies & Gents)  Date of birth ..........………….CDH no........................................ |
| **Note. If you wish Gatehouse GC to be your ‘Home Club’ for handicap purposes, a handicap certificate from your previous club should be attached to this application. If no certificate is attached it will be assumed that your handicap with be administered by Gatehouse GC.**  **I WISH TO APPLY FOR MEMBERSHIP OF GATEHOUSE GOLF CLUB AND AGREE TO ABIDE BY THE RULES AND CONSTITUTION OF THE CLUB.**    **Signed……………………………………………………..Date………………………………**    **For 2024,membership rates are:-**  Adults (Ladies & Gents) £270.00  Student(18-23) £60.00  Youth 17-18 years £45.00  Juniors 12-16 years £30.00  Juniors 5-11 years £10.00 |
| Please send completed form together with payment to:-  Membership Secretary  Gatehouse Golf Club  Laurieston Road  Gatehouse of Fleet  Castle Douglas  DG7 2BE  Or by bank transfer to Sort Code 80-06-11 Account 00404550  Contact Hopedene@hotmail.com or [info@gatehousegolfclub.com](mailto:info@gatehousegolfclub.com) |