 JUNIOR MEMBERSHIP APPLICATION FORM

To The Council

Lanark Golf Club

The Moor

Lanark

ML11 7RX

Name in Full:

School:

Date of Birth:

Parents Contact Number:

Parents Contact Email

Permanent Address:

 I, hereby declare that this is a genuine application for membership of Lanark Golf Club and that if elected I promise to meet my financial obligations at the date of admission to the Club.



Candidates Signature……

Date: