



**CUPAR GOLF CLUB  
HILLTARVIT COURSE  
19 CERES ROAD, CUPAR. FIFE.  
KY15 5JT**



**APPLICATION FOR MEMBERSHIP**

Title ..... First Name ..... Surname .....

Address .....

.....Postcode .....

E-mail Address.....

Contact Telephone No .....

Date of Birth .....

Type of Membership (Please tick) Adult..... Junior ..... Social ..... Country ..... Overseas .....

Have you previously been a Member of this Club?.....

Have you been or are you a Member of any other Golf Club?.....

Name of Club/s .....

Present Handicap..... Club at which held .....

Applicant's Signature.....Date .....

Proposer's Name ..... Proposer's signature .....

Seconder's Name ..... Seconder's Signature .....

For Office Use

Date Received		Match Secretary	
Committee Meeting		Centenary Draw	
Secretary		Bag Tag, Sticker	
Treasurer			