



The West of Scotland Golfers' Alliance



Date _____

I hereby make application for Membership of the above Alliance and I agree to conform to the Constitution and Rules.

Name: _____

Address: _____

Telephone: _____ D.O.B: _____

Name of Club: _____ Handicap _____

Email: _____

Signature: _____

Proposer: _____ Second: _____

Certificate of handicap to be submitted with application in accordance with paragraph III of the Constitution and Rules.

Mrs Margaret Carrell
Secretary and Treasurer
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