



ROYAL DORNOCH

APPLICATION FORM FOR STRUIE or JUNIOR MEMBERSHIP

PLEASE COMPLETE THIS FORM IN BLOCK CAPITALS AND SEND WITH SUPPORTING DOCUMENTS TO:

Mrs CLAIRE RIDDELL
ROYAL DORNOCH GOLF CLUB,
GOLF ROAD,
DORNOCH IV25 3LW.

TEL 01862 810219 ext 2
E-MAIL rdgc@royaldornoch.com

APPLICANT'S DETAILS

NAME		DATE OF BIRTH	
ADDRESS			
POSTCODE		E-MAIL	
PHONE		FAX	
MOBILE PHONE		OCCUPATION	
CURRENT HANDICAP		LOWEST HANDICAP HELD	
CURRENT GOLF CLUB			
PREVIOUS GOLF CLUB (if no current club)			
SIGNATURE OF APPLICANT			

CATEGORY OF MEMBERSHIP: - PLEASE INSERT X IN APPROPRIATE BOX

Dornoch Resident	<input type="checkbox"/>	Highland Address	<input type="checkbox"/>	Overseas Address	<input type="checkbox"/>
Scottish Address	<input type="checkbox"/>	Rest of Britain or Ireland	<input type="checkbox"/>		<input type="checkbox"/>
JUNIOR Struie		<input type="checkbox"/>	JUNIOR Championship		<input type="checkbox"/>

The definition of Dornoch Residence is that the applicant resides in an area largely defined by Postcode IV25 for at least 270 days and pays full Council Tax on their accommodation. If there is any doubt about the eligibility of the applicant's address advice should be sought from the General Manager.

Current Membership fees are available from the Club Office – contact details above.



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MEMBER'S REFERENCE (PROPOSER)

Applicant's Name _____	Member's Name: MUST BE A FULL MEMBER OF AT LEAST 3 YEARS STANDING.
Please describe your relationship with the applicant. (e.g. family member, golfing partner, a friend, business connection. etc.)	
When did this relationship commence?	
To your knowledge what degree does the applicant currently participate in the game of golf? (Note: This does not prohibit application from a beginner)	
Please indicate why you believe the applicant should be given Membership of Royal Dornoch Golf Club.	
Any other relevant Factors that should be considered. Please use a supplementary sheet of paper if space provided is insufficient	
<u>Member Declaration</u> In proposing this person for membership I accept that I have a responsibility for their actions and behaviour should they gain membership at Royal Dornoch Golf Club. Member's Signature	



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APPLICATION FORM
FOR STRUIE or JUNIOR MEMBERSHIP

MEMBER'S REFERENCE (SECONDER)

Applicant's Name _____	Member's Name:
	MUST BE A FULL MEMBER OF AT LEAST 3 YEARS STANDING.
Please describe your relationship with the applicant. (e.g. family member, golfing partner, a friend, business connection. etc.)	
When did this relationship commence?	
To your knowledge what degree does the applicant currently participate in the game of golf? (Note: This does not prohibit application from a beginner)	
Please indicate why you believe the applicant should be given Membership of Royal Dornoch Golf Club.	
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