



ROYAL DORNOCH GOLF CLUB
APPLICATION FORM
FOR NON-PLAYING (SOCIAL) 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 FAX 01862 810792
E-MAIL rdgc@royaldornoch.com

APPLICANT'S DETAILS

NAME	DATE OF BIRTH
ADDRESS	
POSTCODE	E-MAIL
PHONE	FAX
MOBILE PHONE	OCCUPATION
SIGNATURE OF APPLICANT	

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



ROYAL DORNOCH GOLF CLUB
APPLICATION
FOR NON-PLAYING (SOCIAL) MEMBERSHIP

**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, a friend, business connection. etc.)	
When did this relationship commence?	
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	
Member's Signature	



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APPLICATION
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**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. <small>(e.g. family member, a friend, business connection. etc.)</small>	
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Any other relevant Factors that should be considered. <small>Please use a supplementary sheet of paper if space provided is insufficient</small>	
Member's Signature	