

# GIFFNOCK CURLING CLUB

## Membership Application

Name: ..... Date of Birth:.....

Address: ..... Home Tel No:.....

..... Business Tel No:.....

Post Code:..... Mobile No:.....

Wife/Partner's Name:.....

Email Address:.....

Business Address:.....

.....

Curling Experience: .....

I hereby apply for Membership, and if accepted, agree to abide by the Constitution and Rules of Giffnock Curling Club.

Signed:..... Date:.....

Proposer. Name:..... Signature:.....

Secunder. Name:..... Signature:.....

After completion, this form should be passed to the Secretary for the consideration of the Committee.