

MEMBERSHIP APPLICATION FORM

BLOCK CAPITALS PLEASE (*Required field)

Full name:	
Address:	
Post code: Mobile:	
Email Address:	
(no duplication must be a unique identifier	logging into systems)
Please tick Golfing category.	
Full	Five Day
Associate	Junior
Juvenile	
Golfing members only	
☐ I am new to golf	
Ç	and an existing health resemble residing of a study
	e not recently held membership of a club er at Golf Club.
Golf Ireland no	Current/last handicap
	·
I wish to apply for Social me	bership only
There are 2 occasions where	Social Member levy of £100 will be applied. Firstly, when you
renew your membership on Ja	ary 1st each year and again in June or July. You will be invoiced
directly by the office and the p	ment must be made to the office directly
ments promptly and I further under Declaration you agree to abide by the guideline 1. Have you ever been asked to a 2. Is there any reason you should 3. Have you ever been convicted order, or are you at present the	ortwilliam Golf Club, to pay my Annual Subscription and any fees or the to abide by the rules and byelaws. Contained in Fortwilliam Golf Clubs safeguarding policy? Yes/No. Inve a sporting organization? Yes/No. Inve to the working with young people? Yes/No. If a criminal offence or been the subject of a caution, a bound over subject of a criminal investigations? Yes/No. It is to 1,2 or 3 above we will contact you in confidence).
Applicants Signature	
Must be proposed and seconded by a	
	Signature
econded by (print)	Signature
ate received in office	