

Ballycastle Golf Club

Membership Application Form



All proposals for membership are considered only on the strict condition that Ballycastle Golf Club will not be obliged to assign any reason for or enter into correspondence or discussion regarding the non-election of any candidate.

SURNAME:	TITLE:
FORENAME(S):	DATE OF BIRTH:
CURRENT ADDRESS:	
	POSTCODE:
MOBILE NO:	HOME:
EMAIL:	
PROFESSION/OCCUPATION:	
EMPLOYER/COMPANY:	
MEMBERSHIP CATEGORY:	

I request that you will admit me as a Member of the Club and if elected I agree to pay the Entrance Fee and Annual Subscription immediately these become due and to observe all the Rules, Bye-Laws and Regulations of the Club for the time being in force, and in particular the Rule that unless resignation is given in writing to the Hon. Secretary before 1st day of April in any year I shall be liable for all Club dues for the following year. I am not under any liability to any Club.

I consent to photographs being taken during or at golf related events which may be used in the promotion of golf via social media.

SIGNATURE OF APPLICANT _____

PROPOSED BY (print) _____

(sign) _____

SECONDED BY (print) _____

(sign) _____

1. Have you previously been a member of Ballycastle Golf Club? YES / NO

If yes please give details below

From _____ to _____

What was your handicap prior to resignation? _____

2. Have you previously been a member of another Golf Club? YES / NO

_____ years / GUI/ILGU Membership : _____

3. Are you currently a member of any other Golf Club? YES / NO

If answered yes to Q2 or Q3, please state name of Club

Handicap _____

GUI/ILGU Membership Number _____

4. Will you retain membership of your Current Club? YES / NO

If no please state reason for resignation:

5. Are you a member of any other sports/social club? YES / NO

If yes please give details below

FOR OFFICE USE

MEMBERSHIP FEE £ _____

DATE PAID: _____

GI Number: