

MEMBERSHIP APPLICATION FORM

BLOCK CAPITALS PLEASE (*Required field)

Full name:			
Address:			
Post code:			
Mobile:			
DOB:			
Email Address:	_		
(no duplication must be a unique id	entifier for logging into system	s)	
Please tick Golfing cate			
Full		Five Day	
Associate		Junior	
Juvenile			
Golfing members only			
□ I am new to golf			
☐ I have played in the past	but have not recently held	membership of a club	
☐ I am/have recently been	a member at	Golf Club.	
Golf Ireland no Current/last handicap			
I wish to apply for Soc	ial membership only		
There are 2 occasions w	vere a Social Member lev	v of £100 will be applied.	. Firstly, when you renew
your membership on Jar	nuary 1st each year and a	again in June or July. Yo	ou will be invoiced directly
by the office and <i>the pa</i>	yment must be made to	о тпе отпсе апесту.	
			al Subscription and any fees of
payments promptly and I furth	ner undertake to abide b	y the rules and byelaws.	
Self Declaration Do you agree to abide by the	auidelines contained in	Fortwilliam Golf Clubs s	afeguarding policy? Ves/No
			areguarumg policy: Tes/No.
 Have you ever been a Is there any reason y 			es/No.
	convicted of a criminal or resent the subject of a c		ect of a caution, a bound over
•	enswered yes to 1,2 or 3	-	
(II you have a	——————————————————————————————————————	above we will contact yo	ou in connuence).
Must be signed by a Full member o	of the club		
Proposed by (print)	Signatu	_ Signature	
econded by (print) Signature			
Date Received in Office:			