



Greenisland Golf Club

Application For Membership

To: The Membership Secretary, Greenisland Golf Club

Sir,

I wish to apply for the following Membership category: (please tick)

Male Ordinary Lady Associate Senior Male Senior Lady
Family Junior House/Social Parental Social

If elected, I hereby agree to be bound by the Rules and Bye-Laws of the Club.

Full Name: _____

Postal Address: _____

Post Code: _____

Home Tel No: _____ Mobile Tel No: _____

E-Mail Address: _____

Present/Previous Club: _____ Handicap:

Occupation: _____

Preferred Payment: Single Payment: Direct Debit: (Please tick)

Applicant's Signature: _____

When application is for Family Membership the following information is also required:

Full Name of Spouse: _____

Present/Previous Club: _____ Handicap:

(Full names and Date of Birth of children under 18 must be entered on the back of this form)

When the application is for Junior Membership, date of birth must be entered below:

Date of Birth: _____

Proposer Signature: _____ Proposer Name: _____

Seconder Signature: _____ Seconder Name: _____

Date of Application: _____ (Please print)

All proposals for Membership are considered on the condition that Greenisland Golf Club will not be obliged to offer any reason, or enter into any correspondence or discussion, regarding the non election of any applicant. If an application for Membership has not been successful, it will be deemed to have lapsed.

Application Approved: Not Approved: Date of Meeting: _____