



Lisburn Golf Club

MEMBERSHIP REGISTRATION FORM

I wish to be 'REGISTERED' as a person who would like to be informed if at any time during the year, Council decide to invite 'NOMINATIONS' for Playing Membership to the category I have designated below :

Section 1 - MEMBERSHIP CATEGORY

Please tick the membership category you wish to apply for :

Ordinary or Five Day Member (Male) :

Country Member (Resides outside N.Ireland) (Male) :

Under 25 Member (Male) :

Concession Member (Male) :

Section 2 - PERSONAL DETAILS

All fields in this section are compulsory. Form will be rejected if not complete.
If no home or mobile phone or e-mail, please state this. Please use block capitals.

Title : _____

*Surname : _____

*Forenames : _____ (Please underline name known by)

*Full Address : _____

*Post Code : _____

*Date of Birth : _____

**Home Tel.No : _____ **Mobile No : _____

**Daytime No : _____ **E-mail : _____

Are you related to a current or past member of Lisburn Golf Club ? Yes No

If yes, please provide their name & relationship details* : _____

Have you been a member of a Golf Club (including Lisburn G.C) at any other time? Yes No

If yes, please provide Club name(s) and year(s) of membership: _____

Have you been a member of any other golf club in the past twelve months ? Yes No

If yes, please advise the following: Golf Union No: _____ Exact H'cap: _____

If retaining another Club membership, do you wish Lisburn to be your HOME club? Yes No

THE CLUB UNDERTAKES :

- 1) In the event of vacancies in the Category indicated above, to notify you of such vacancies and invite you to submit a MEMBERSHIP NOMINATION form, should you still be interested in membership at that time.
- 2) To write to you on an annual basis, asking you to confirm in writing that you wish your application to be placed in the new REGISTER for the following year. Any such notice will be sent to the above address unless otherwise advised or updated by the applicant.

THE APPLICANT ACCEPTS :

- 1) The REGISTER IS NOT A WAITING LIST and the date of submission of this Form does not give any PRIORITY over other prospective candidates nor does it provide any GUARANTEE whatsoever of ever being admitted to Membership.
- 2) It is the candidates responsibility to notify the Club Office of any change of address or other contact details and the Club accepts no responsibility for misdirected communications, if not so notified.
- 3) The Candidate is under no obligation to complete a NOMINATION Form or apply for Membership if and when invited to do so. However, if such an offer is declined, the Candidate will be removed from the Register but may re-apply the following year.

Signature of Applicant : _____ Date : ____ / ____ / ____

Office Phone : 028 92 677216

Contact Details : e-mail : info@lisburngolfclub.com

Date Received :

Reviewed by Cttee :

Placed on Register :

Confirmation #1 :

Confirmation #2 :

Nomination Invited :