



Lisburn Golf Club

MEMBERSHIP NOMINATION FORM

Section 1 - MEMBERSHIP CATEGORY

Please tick the membership category you wish to apply for :

- | | | | |
|---|--------------------------|--|--------------------------|
| Playing Member 7 Day | <input type="checkbox"/> | Junior _(U18) /Juvenile _(U15) /Cadet _(U11) Member: | <input type="checkbox"/> |
| Playing Member 6 Day (Sun-Fri) | <input type="checkbox"/> | Country Member (Resides outside N.Ireland) : | <input type="checkbox"/> |
| Playing Member 5 Day (Mon-Fri) | <input type="checkbox"/> | Non Playing Member : | <input type="checkbox"/> |
| Concession Member (7D) <input type="checkbox"/> (6D) <input type="checkbox"/> (5D) <input type="checkbox"/> | | House Member (partner of a current member) : | <input type="checkbox"/> |

Section 2 - PERSONAL DETAILS (Part A)

All fields marked * are compulsory. Form may be rejected if not complete.
Please use block capitals.

- Title : _____ *Surname : _____
- *Forenames : _____ (Please underline name known by)
- *Full Address : _____
- *Date of Birth : _____ *Post Code : _____
- Gender : Male Female
- 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 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
- 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: _____

Section 3 - PROPOSER / SECONDER

Proposer / Seconder:

We, the undersigned, being authorised Members of Lisburn Golf Club, nominate the above candidate for membership and confirm the candidate to be known to both the Proposer and the Seconder and is considered a fit and proper person to be granted membership.

Proposed by: _____ Print Name: _____
(The Proposer must be a Voting Member of the Club)

How long known to Proposer and in what capacity (relative/business/socially) : _____

Proposed by: _____ Print Name: _____
(The seconder must also be a Voting Member of the Club)

How long known to Seconder and in what capacity (relative/business/socially) : _____

Attention is drawn to the fact that this application is the responsibility of the Proposer and Seconder and as such, is not to be taken lightly. The onus is on the Proposer in particular, but also on the Seconder, to ensure that the person nominated is of good character and reputation. The Proposer and Seconder affirm this by giving all relevant information in the spaces provided and by signing this document.

Please note: In accordance with Rule 7(iv), Members shall not have the right to propose or second new members unless they have been a Playing Member aged over 18 years for more than three years.

Non-voting members are NOT entitled to propose or second membership Nominations at any time.

Section 4 - PERSONAL DETAILS (Part B)

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.
 ** Please give parent / guardian details if applicant is U18)

Applicants Full Name: _____

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

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

Have you resigned or ever been expelled from any golf club ? _____ Yes No

If yes, please state Club(s) and reason : _____

Have you ever applied for membership at Lisburn G.C. before ? _____ Yes No

If yes, please state date and details: _____

Have you ever been convicted of an offence or is any prosecution pending involving:
 unruly behaviour, intimidation or injury to any person ? _____ Yes No

If yes, please provide brief details : _____

Section 5: General Data Protection Regulations (GDPR)

The Club's Privacy Statement may be requested from the Club Office or may be viewed on the Club website.

All Membership applicants are advised of the following: The details provided on Page 2 of this application form will remain confidential however if this application is progressed, the details on Page 1 must be posted on the noticeboard for approval by Club Members, in accordance with Club Rules for Member admission.

If your membership application is successful, the Club is permitted to contact you to fulfill our obligations to you as a member and to provide the services to which you are entitled under our Rules. However, under GDPR we are required to obtain a positive confirmation of how we can contact you, if you want to receive any other relevant information and that should you ever leave the Club, we can retain your data should you subsequently wish to rejoin the Club.

You are therefore asked to complete the following questions below before submitting this form.

Note: These questions are to confirm your preferences only and answers will in no way influence consideration of your membership application.

I consent to the Club contacting me by the following means: (please tick the relevant box or boxes or leave blank if you so wish)

Email: Mobile: Phone: Text: Post:

I consent to the Club contacting me regarding events and promotions at the Club. Please tick to confirm:

I consent to the Club sharing my information with relevant internal and external data processors such as Golf Ireland, WHS, Club membership administration system providers, tee booking system providers, etc. Please tick to confirm:

I consent to the Club retaining my personal data to use in case I wish to rejoin the Club at a later date. Please tick to confirm:

I consent to Team Captains contacting me in respect of Club Matches. (Playing members only) Please tick to confirm:

I confirm that I am over the age of 18 and have read, understood and agree with the way my / my child's data will be used by Lisburn G.C.:

Section 6 - APPLICANT'S DECLARATION

All fields are compulsory. Form will be rejected if not complete.

I, the undersigned, declare the information given by me on this application form to be true and complete to the best of my knowledge and understand that, should the same prove false or misleading, my application shall be rejected with no communication or correspondence being entered into.

I agree that completion of this form does not entitle me to any rights with regard to becoming a member of this Club in any category and it may be rejected at any time by the Council of the Club in its absolute discretion and without assigning any reason therefor.

I further declare that, should my application be successful, I shall make myself familiar with and comply with the Rules, Regulations and Bye-Laws of the Club and if a playing member, with the Rules and Etiquette of Golf.

I undertake to be of good behaviour and not to use profane or other offensive language.

Signature of Applicant : _____ (Parent / Guardian if candidate is U18)

Print Name : _____

Date : _____

The Club Membership Year runs from 1st March to end of February.

When fully completed, this form should be returned to the Club for the attention of:

The Honorary Secretary
 Lisburn Golf Club
 Blaris Lodge
 68 Eglantine Road
 Lisburn BT27 5RQ

For Administration use only:

Date received :	
Posted on Board :	
Interviewed :	
Appvd. by Council :	
Fees Paid :	

Club Contact : Phone : 028 92 677216

e-mail : info@lisburngolfclub.com

Website: www.lisburngolfclub.com