



Lisburn Golf Club

PLAYING MEMBERSHIP REGISTRATION FORM

I wish to be REGISTERED as a person who would like to be informed if at anytime during the year LGC Council decide to invite 'NOMINATIONS' for Playing Membership to the categories (>18 years) designated below:

Section 1 - MEMBERSHIP CATEGORY		<i>If you are under 25/21 years please also indicate which of the 7 /6 or 5 Day Membership is your preference. (Country Member can only be 7 Day Mbr)</i>	
7 Day Member :	<input type="checkbox"/>	Under 25 Member : (>21yrs and <25yrs)	<input type="checkbox"/>
6 Day Member (Sun-Fri)	<input type="checkbox"/>	Under 21 Member : (>18yrs and <21yrs)	<input type="checkbox"/>
5 Day Member (Mon-Fri)	<input type="checkbox"/>	Country Member (Resides outside N.Ireland)	<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 :	_____		
		*Post Code :	_____
**Home Tel.No:	_____	**Mobile No :	_____
*Date of Birth :	_____	**Email :	<input type="text"/> <input type="text"/> <input type="text"/>
Are you related to a current or past member of Lisburn Golf Club ?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
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 <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please advise the following: Golf Ireland No: _____ Handicap: _____			
If retaining another Club membership, do you wish Lisburn to be your HOME club?		Yes <input type="checkbox"/>	No <input type="checkbox"/>

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 want 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 candidate's 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	Date received :	<input type="text"/>	Confirmation 1 :	<input type="text"/>
Contact	email: info@lisburngolfclub.com	Reviewed by Committee :	<input type="text"/>	Confirmation 2 :	<input type="text"/>
Details :		Placed on Register :	<input type="text"/>	Nomination Invited :	<input type="text"/>