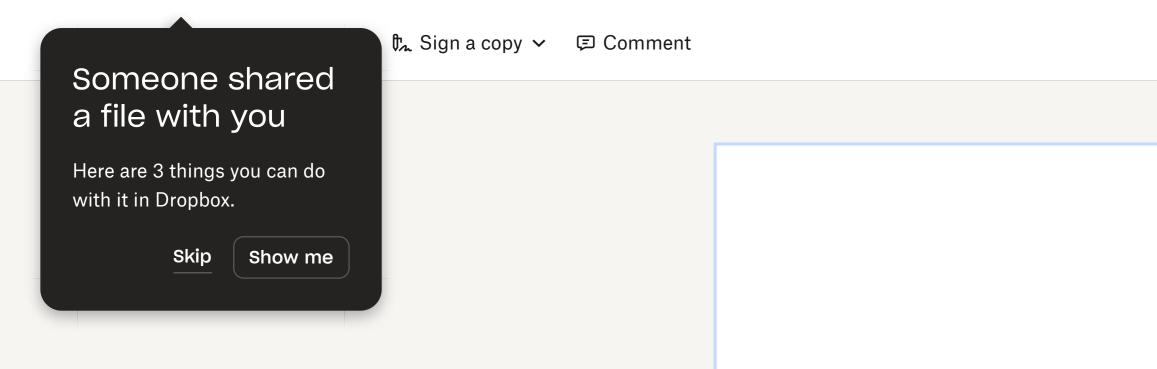
7 6 5 etc Membership Application V7 - 22 09 2020 CM PDF

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Select Category

Personal Details.

Full Name

Date of Birth

Address

Post Code

Home Telephone Number

Mobile Telephone Number

Email Address

Do you want your details added to

*Proposed By :

*Seconded By

Declaration I undertake that, if elected as a member of Ardglass Golf Club, I will abide by the rules and bye-laws of the Club and pay my subscription (including any levies which may be applied) by the due date.



Azglass Golf Clab Castle Place, Azdglass, Co. Down, Northern Ireland BT30 9TP

Application for Membership

| Z | 7 Day 🗌 | 6 Day 🗌 | 5 Day 🗌 | Under 25 |
|---|---------|---------|---------|----------|
| | | | | |

| he Club's marketing list? | Yes No |
|---------------------------|----------|
| | Signed : |
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| <mark>3</mark> (7) | Comments | | | ••• | × | | |
| So | ort by 🗸 | | | | | | |
| PV | Paul Vaughan Apr 1, 2021 Page 1 • Hello Robbie, please email info@ardglassgolfclub.com and we can sort it out there. | | | | | | |
| RS Robbie Sinclair Mar 31, 2021 Page 2 • Hopefully this is working - I'd like to apply for 7 day membership | | | | | | | |
| RS | RS Robbie Sinclair Mar 31, 2021 Page 2 • 7 day membership | | | | | | |
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