



Ardglass Golf Club

Castle Place, Ardglass, Co. Down, Northern Ireland BT30 9TP

Application for Membership

Select Category 7 Day 6 Day 5 Day Under 25

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 the Club's marketing list? Yes No

*Proposed By : _____ Signed : _____

*Seconded By _____ Signed : _____

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.

Signed: _____ Date : _____

Membership of Ardglass Golf Club in any of these categories is open to any golfer regardless of residency.

*A new member may only be proposed and seconded by a 5, 6 or 7 day member. Either the proposer or seconder **must** be a member of the Club's Council.

Guidance notes on the completion of all application forms can be viewed and downloaded from the link on the Club's website. All applicants are advised to read and familiarise themselves with the guidance.

Except for signatures, this form should be completed in block capitals.

Golfing History (if applicable)

Are you a past member of Ardglass Golf Club? Yes No

If yes, when did your membership cease
and what was your handicap? _____

Are you currently a member of any other golf clubs? Yes No

If yes, what is/are the name(s) of the club(s) _____

and what is your handicap? _____

Do you intend to maintain multiple memberships? Yes No

If yes, nominate your "home" club
and provide your golf union membership number _____

Are you a past member of any other golf club? Yes No

If yes, when did your membership cease,
what was the name of the club _____

and what was your handicap? _____

What was your golf union membership number? _____

If you are, or have been a member of a golf society within the last 5 years you must provide a letter from the society detailing your current or last society playing handicap.

Other

7, 6 and 5 Day members have the option of selecting one other adult to benefit from Plus One Membership. Plus One members basically have the same rights, benefits and privileges of a House Member.

Details of Plus One Member

Full Name _____

Address _____

Post Code _____

Home Telephone Number _____

Mobile Telephone Number _____

Email Address _____

Do you want this individual details to be added to the Club's marketing list? Yes No

What is your occupation? _____

If asked, would you be willing to assist the Club on a professional basis? Yes No

****Except for signatures, this form should be completed in block capitals.****

Office use only Received by _____ on _____ Processed by _____ on _____