

## **Ardglass Golf Clab** Castle Place, Ardglass, Co. Down, Northern Ireland BT30 9TP

## **Application for External Membership**

Personal Details.			
Full Name			
Date of Birth			
Address			
Post Code or Eircode			
Home Telephone Number			
Mobile Telephone Number			
Email Address			
Do you want your details added to the	Club's marketing list?	Yes	No
Home Golf Club Details (if ap	plicable)		
Name of Club			
Address of Club			
Post Code or Eircode			
Telephone Number of Club			
Email Address of Club			
Golf Union Membership Numb	er		

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

Ardglass Golf Club will require confirmation from your home club of your membership and good standing (if applicable). On receipt of this information the Honorary Secretary will arrange for the form to be completed by a proposer and seconder and brought to the next Council meeting.

If Ardglass Golf Club is to be your only club, you must be proposed and seconded by a 5, 6 or 7 day member one of whom **must** be a member of the Club's Council.

*Proposed By	Signed	
*Seconded By	Signed	
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## Declaration

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

Signed \_\_\_\_\_ Date \_\_\_\_\_

External Membership of Ardglass Golf Club is only available to golfers whose permanent residence is in the Republic of Ireland, Great Britain, the Channel Islands or the Isle of Man.

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.

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Office use only	Received by	on	Processed by	on	