

# CASTLETROY GOLF CLUB

## Application for Membership 2020

(PLEASE COMPLETE IN BLOCK LETTERS)

### PERSONAL DETAILS

Surname  First Name

Gender Male  Female  Date of Birth

Address Line 1

Address Line 2

Address Line 3  Postcode

Mobile No.  Email Address

Emergency Contact Name

Emergency Contact Number

### Membership of Other Golf Clubs

Club Name	Category of Membership	From	To	H/cap	Office Held

### Any Information Relevant to Your Application

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I hereby apply for membership of Castletroy Golf Club and if elected agree to abide by the rules and bylaws of the club

Membership Type:-

FULL MALE/FEMALE  SENIOR(OVER 70) MALE/FEMALE  INTERMEDIATE MALE/FEMALE

YOUNG ADULT MALE/FEMALE  PAVILLION  COUNTRY  SCHOLARSHIP  OVERSEAS

**Proposer:-** (must be an ordinary member of Castletroy Golf Club for no less than 3 years)

Name (Block)  Signature

**Seconded:-** (must be an ordinary member of Castletroy Golf Club for no less than 3 years)

Name (Block)  Signature

Your contact details are used solely for communicating important Golf Club information, offers and updates.

Do you consent for your information to be used in this way? Yes  No

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Who Introduced you to Castletroy Golf Club? \_\_\_\_\_