

GREENCASTLE GOLF CLUB

APPLICATION FOR MEMBERSHIP

Category of membership applied for:
(Please tick one)

Full Distance House Student/Junior Juvenile

NAME: _____

ADDRESS: _____

POST CODE (if applicable) _____

Telephone No. _____

Previous / Current Club(if any): _____

Handicap: _____

Email Address: _____

Received by (please sign and date) _____

Proposed by (Name in block capitals) _____

Signature of proposer: _____ Date _____

Seconded by (Name in block capitals): _____

Signature of seconder: _____ Date _____

Date of Council Meeting: _____