



CASTLEWARDEN GOLF CLUB

MEMBERSHIP APPLICATION FORM

Date: _____ Membership _____

Name of Applicant: _____
Address: _____

Mobile Number: O8 _____ Landline Number: _____

Email Address: _____ @ _____

Employer Name: _____
Employer Address: _____

School / College Name: (Student / Juvenile) _____

Date of Birth: _____
Existing Club Name: _____
Existing Handicap: _____

Society Name: _____
Society Handicap: _____

I hereby apply to join Castlewarden Golf Club & agree to abide by the Rules of the Club if I am successful in my application.

APPLICANT NAME: _____
(print in Block Capitals)

SIGNATURE: _____

PROPOSER NAME: _____
(print in Block Capitals)

SIGNATURE: _____

SECONDER NAME: _____
(print in Block Capitals)

SIGNATURE: _____

If you have any queries please contact Club Trustee - Moses Morrissey on 086 8522784

OFFICE DATED _____
GOLFNET _____
CAPT & H/C SEC _____

CLB2000 _____
BRS _____
XCL _____

MOMO _____
PYMNT _____
MMBRS CTGY _____