

2015 MEMBERSHIP

Date:	
Name of Applicant:	
Address:	
Telephone No: Home	Mobile No:
Email Address:	
Employer Name	
Employer Address	
School / College (Student / Juvenile)	
Date of Birth	
Existing Club	
Existing Handicap:	
Society Name	

If you have any queries please contact the office on 4589254

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

	Signature: _____
Proposer: _____	Seconder: _____
PrintName: _____	PrintName: _____