



Est. 1896

Enniskillen Golf Club

Castlecoole - Enniskillen, N. Ireland - BT74 6HZ

Telephone: 028 6632 5250

Club Email: enniskillengolfclub@mail.com

APPLICATION FOR MEMBERSHIP

Surname: _____ Forename: _____ Title: _____

Address: _____ Home Phone No.: _____

_____ Work Phone No.: _____

_____ Mobile Phone No.: _____

PostCode: _____ Email Address: _____

Do you consent to being contacted by email address for club business Yes No

It will remain your responsibility to keep the club updated in relation to your email address

Date of Birth: _____ Membership Category: _____

Method of Payment: Visa Direct Debit Cheque Cash

(Tick as appropriate)

Are you a member of any other Golf Club: Yes No

Name of Club: _____ Current Handicap _____

Note 1: A Junior Category member must be under the age of 18 on 1st January in year of Application and still attending a mainstream education establishment on a full time basis. (Application must be signed by Parent or Guardian as verification of Qualifying Conditions)

Note 2: All other membership categories are based on applicants' actual age on the 1st January in year of application.

Note 3: Only one applicant per Application Form.

I wish to apply for membership of Enniskillen Golf Club. In signing and submitting this application I agree to be bound by the rules of the club.

Signature of Applicant: _____ Date of Application: _____

Signature of Parent/Guardian (Children of Family Members and Junior Category Only): _____

* Proposer: _____

* Seconded _____

** One of these must be a member of the current Management Committee*

CURRENT FEES must accompany this application form. (Full category list displayed at Clubhouse and on website)

For Office Use:

Amount of Membership Fee Date Received: _____

(Signature of person receiving amounts) (Block Capitals)

Computer Record Created Date: _____ Entered By: _____