



Enniskillen Golf Club

Castlecoole - Enniskillen, N. Ireland - BT74 6HZ

Telephone: 028 6632 5250

Club Email: info@enniskillengolfclub.com

APPLICATION FOR MEMBERSHIP

Surname: _____ Forename: _____ Title: _____

Address: _____ Home Phone No.: _____

_____ Work Phone No.: _____

_____ Mobile Phone No.: _____

Post Code: _____ 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: **Junior Category** member must be under the age of 18 on 1st January in year of Membership 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 MEMBERSHIP.

Note 3: Only one applicant per Application Form. (ALL AGE CATAGORIES MUST BE VERIFIED WITH APPLICATION

Note 4: This Application for Membership will be presented to Club Council at the next available Council meeting. If approved, Full Membership commences from that date. Full refund of monies paid will be returned to unsuccessful Applicants.

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 (Junior Category Only): _____

* Proposer Signature: _____ (Block Capitals) _____

* Seconded Signature _____ (Block Capitals) _____

** One of these must be a member of the current Club Council*

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

By submitting this application, you consent to Enniskillen Golf Club processing your personal data for the purposes of managing your membership and for other administrative purposes. Enniskillen Golf Club would also like to contact you by email to keep you updated of news, events and competitions that are taking place at Enniskillen Golf Club and other locations, please tick here if you would like to hear from us []

If you are submitting this application on behalf of a Junior Member, you consent to their personal data being processed for the purposes described above. If you have ticked to be contacted by email for the purposes described above, you confirm that the email address provided belongs to you as Parent/Guardian for the Applicant and not the Applicant themselves

For Office Use:

Amount of Membership Fee Date Received: _____

(Signature of person receiving amounts) (Block Capitals)

Computer Record Created Date: _____ Entered By: _____