



Est. 1896

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.: _____
 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 Card Debit Card Cheque Cash
 (Tick as appropriate)

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

Name of Club: _____ Current Handicap _____ G. I. Membership No. _____

Note 1: Children of Family members and Junior Category Members must be under 18 on 1st January in year of Application and still attending a mainstream education establishment on a full time basis. (Separate Forms must be completed for each applicant. Applications to be signed by Parent or Guardian as verification of Qualifying Conditions) Youth Members must be aged between 18 and 22 on 1st Jan in year of Application.
Note 2: See our Membership Rates for Ladies & Gents aged 65,75 & 80

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)

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: