



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: _____
 (Based on Age on 1st January)

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. _____

No 1: By submitting this application, you consent to Enniskillen Golf Club processing your personal data for the purposes of managing your membership, other club administrative purposes and to sharing your details with Golf Ireland for the purpose of handicap administration and utilising the World Handicap System.

No 2: You are also notified that if you choose to be allocated a Handicap Index (HI) that your scores and HI will be made available to other members of the Golf Club via Mygolf, Golf Ireland and other technology platforms for the purpose of Peer Review.

Signature of Applicant: _____ Date of Application: _____

Signature of Parent/Guardian** (Junior Categories Only): _____

****No 3:** 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)

****No 4:** By 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.

* 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: _____