



CASTLEWARDEN GOLF CLUB

2017 MEMBERSHIP APPLICATION FORM

Date:

Name of Applicant:

Address:

Mobile Number: O8 **Landline Number:**

Email Address: @

Employer Name:

Employer Address:

School / College Name:
(Student / Juvenile)

Date of Birth:

Existing Club Name:

Existing Handicap:

Society Name:

Society Handicap:

Membership Required	Tick	Entrance Fee	Annual Sub	GUI Levy	ILGU Levy	Golf Insure	Members Draw	Bar Voucher	Total GUI Men	Total ILGU Ladies
Please Tick one:										
Full Membership 2017		€	€1,055	€24	€28	€25	€50	€65	€1,219	€1,223
5-Day Membership 2017		€	€95	€24	€28	€25	€50	€50	€744	€748
Lifestyle Membership 2017		€	€95	€24	€28	€25	€50	€50	€844	€848
Pay & Play 2017		€	€300	€24	€28	€25	€50	€50	€449	€453
Intermediate 2017 (18-24)		€	€60	€24	€28	€25	€50	€25	€384	€388
Junior 2017 (<18)		€	€145	€5	€5	€25	€0	€0	€175	€175

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

APPLICANT NAME: _____ **SIGNATURE:** _____
(print in Block Capitals)

PROPOSER NAME: _____ **SIGNATURE:** _____
(print in Block Capitals)

SECONDER NAME: _____ **SIGNATURE:** _____
(print in Block Capitals)

If you have any queries please contact Club Trustee - Moses Morrissey on 086 8522784

OFFICE DATED		CLB2000		MOMO	
GOLFNET		BRS		PYMNT	
CAPT & H/C SEC		XCL		MMBRS CTGY	