



MEMBERSHIP APPLICATION FORM

Type of Membership – please tick the appropriate box below.

- Full Seven Day (voting) Seven Day (non-voting) Five Day (non-voting)
 Country Overseas Social Junior
-

First Name: Last Name:

Address:

Date of Birth: Male/Female:

Occupation:

Tel: Home Work Mobile

e-mail

Why would you like to join Kilcoole Golf Club? _____

Please indicate if you are known to any member(s) of Kilcoole Golf Club?

Name(s): _____

GOLF HISTORY

If you have never played golf before please tick this box and ignore the remainder of this section.

If you have played golf before please supply as much detail as possible:

Are you currently a member of a golf club? Yes No

If YES please give name of club _____

When did you first join the club? _____

Current Handicap: _____ and handicap history (highest and lowest handicap) _____

If you are not now a member of a club but were in the past please give details:

Name of Club: _____ Member From: _____ To: _____

Your handicap on leaving the club: _____

Are you a member of a golf society? Yes No

If YES please give name of society: _____

Secretary's Name, Address and Phone Number: _____

Society Handicap: _____

Signed: Date:

Proposer: Seconder:

OFFICE USE ONLY Application Received: _____

Interviewed by: _____ Date: _____ Outcome: _____

Proposer: _____ Seconder: _____ Confirmed H/cap: _____

Offer Sent: _____ EPOS SAGE CDH Section Advised: _____