



Membership Application Form

Applicants Name

Date of Birth Occupation

Address

Tel. Home Tel. Work

Email. Home Email. Work

Are you a member / past member of a golf club? Yes No

If yes, name club

GUI Registration No. Handicap

Membership Category applying for:

Individual Spouse Out of Town Country

5 Day Student Junior Other

Other (Please State)

I hereby apply for the membership of Faithlegg Golf Club and, if elected, agree to abide by their respective rules and bye laws.

Name Signed Date

Proposer Signed Date

Seconded Signed Date

FOR COMPANY USE ONLY		
Date Received	<input type="text"/>	Entrance Fee € <input type="text"/>
Date Passed	<input type="text"/>	Subscription € <input type="text"/>
Notes	<input type="text"/>	GUI/ILGU Levy € <input type="text"/>
Notes	<input type="text"/>	Dining Levy € <input type="text"/>
		Insurance € <input type="text"/>
		Total € <input type="text"/>