



Tel: 046 - 9557587

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# Membership Application Form

PLEASE USE BLOCK CAPITALS IN THIS SECTION.

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

E-Mail \_\_\_\_\_

Please tick appropriately:

Membership Required: Lady:  Gent:  Family:

Student:  Junior:

Method of payment: Cash:  Cheque:  Monthly Direct Debit:

Existing Club: \_\_\_\_\_ Existing Handicap: \_\_\_\_\_

Society: \_\_\_\_\_ Society Handicap : \_\_\_\_\_

I hereby apply to join Summerhill Golf Club and agree to abide by the rules of the club if I am successful in my application.

Signature: \_\_\_\_\_

Proposed by: \_\_\_\_\_ Seconded by \_\_\_\_\_