APPLICATION FORM FOR MEMBERSHIP 2016 / 2017

PLEASE PRINT ALL INFORMATON CLEARLY

MEMBERSHIP CATEGORY (See list overleaf)	
NAME	
ADDRESS	_____
MOBILE NO.	
HOME TELEPHONE NO.	
E-MAIL ADDRESS	

NAME	DATE OF BIRTH	Present or previous Club if any	Exact handicap if any. Please attach handicap Cert from previous club.

If applicant or any family members are more than 18 years of age and attending Third Level Education please give Name of Institute/University.

NAME OF APPLICANT	NAME OF INSTITUTE/UNIVERSITY.
1.	
2.	

Do you wish Roscommon Golf Club to be your home Club YES/NO

If NO please indicate your Home Club name and address _____
_____

PROPOSED BY_____ _____
PRINT NAME **SIGNATURE**

SECONDED BY _____ _____
PRINT NAME **SIGNATURE**

APPLICANTS SIGNATURE _____

DATE _____