



APPLICATION FOR MEMBERSHIP

Please complete all questions

NAME _____

HOME ADDRESS _____

TELEPHONE _____ MOBILE _____

E-MAIL _____

DATE OF BIRTH _____

TYPE OF MEMBERSHIP UNDER 35
 FULL
 JUNIOR
 PAVILION

RELATIONSHIP TO MEMBER (IF ANY) _____

MEMBER OF ANOTHER GOLF CLUB(S) _____

CURRENT HANDICAP _____ GOLFnet NUMBER _____

An authorised copy of your detailed handicap certificate from your club's handicap software will be required

IF "NO" PLEASE COMPLETE THE FOLLOWING

Have you previously been a member of a Golf Club YES NO

If "YES" please give full details

Name/s of Club/s _____ Membership Category/ies _____

Handicap allotted _____ Lowest CONGU Handicap held _____

Have you played Society Golf YES NO

Handicap allotted _____

Have you played Pitch & Putt YES NO

Handicap allotted _____

PROPOSED BY _____

SECONDED BY _____

Both Proposer and Seconder must be FULL MEMBERS of
COURTOWN GOLF CLUB. A Full Member may propose or
second two applicants in any one year

HOW DID YOU HEAR ABOUT THIS MEMBERSHIP OFFER?

NEWSPAPER ADVERTISING

FACEBOOK

REFERRED BY A MEMBER

DATE RECEIVED ___/___/___