

CHARLESLAND GOLF CLUB LTD.

Greystones
Co. Wicklow

MEMBERSHIP APPLICATION FORM

I hereby apply for membership of Charlesland Golf Club Ltd. (hereinafter called The Company) and agree, if elected, to become a member of the Company and to be bound by the Memorandum & Articles of Association of the Company, the constitution of Charlesland Golf Club Mens or Ladies section, the rules, regulations and bye-laws of the Company and of all agreements entered into by it, and I authorize my name to be placed on the Register of Members of the Company.

TITLE: _____ SURNAME: _____ CHRISTIAN NAME/S: _____

ADDRESS: _____

HOME TEL. NO. _____ BUSINESS TEL. NO. _____ MOBILE NO. _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ PROFESSION/OCCUPATION: _____

BUSINESS ADDRESS: _____

OTHER GOLF CLUBS/SOCIETIES: _____

HANDICAP (If Any): _____

OTHER SPORTING CLUBS OR ASSOCIATIONS, stating office (if any held): _____

SIGNATURE OF CANDIDATE: _____ DATE: _____

STATE TYPE OF MEMBERSHIP REQUIRED (see below): _____

<u>CATEGORY</u>	<u>ENTRANCE FEE</u>	<u>ANNUAL SUBSCRIPTION</u>	<u>BAR/FOOD LEVY</u>	<u>GUI/ILGU</u>
ORDINARY	€16,000.00	€1,692.00	€150.00	€17.00/€25.00
5-DAY	€11,500.00	€1,185.00	€150.00	€17.00/€25.00
YOUTH		€387.50		€5.00/-----
PAVILION		€600.00	€100.00	

Annual Subscription excludes insurance of €20.00 and Committee Levy of €45.00, (€22.50 Juniors) .

REFEREES DECLARATION OF CANDIDATE:

We being members of Charlesland Golf Club Ltd. have known the Candidate for a considerable time and we believe Him/her to be a suitable person to be elected a member of Charlesland Golf Club Ltd. Proposers must be ordinary members of the Men's or Ladies club for more than 2 years.

Name(Block Letters please): _____ Signature: _____ Date: _____

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Please return this form to: The General Manager , Charlesland Golf Club Ltd., Greystones, Co. Wicklow. Tel: 01-287 8200
Fax: 01-287 0078 E-mail: golf@charlesland.com