



Membership Application Form

I hereby apply for membership of KILKEEL GOLF CLUB, and agree that, if accepted, my membership of the Club will continue from year to year, and unless I give written notice to the Secretary of my intention to resign before November 30 in any one year, that I shall be liable to pay the Membership fee for the following year.

(1) Surname (Mr/Mrs/Miss)

Christian Names Date of Birth

Address Post Code

(2) Occupation Telephone No.

(3) E-Mail Website Mobile Phone

(4) Names of Employers

(5) Position held

(6) Are you a past or present member of any golf or sporting club? If so please give details and state last official golf club handicap

(7) For which category of membership do you wish to apply? (Tick category required).

- (i) Ordinary Member.
- (ii) Country Member (i.e. full member of another Club and residing outside 30 miles from Mourne Park). State Parent Club.

- (iii) Lady Associate Member.
- (iv) Intermediate Member (Age 16-19).
- (v) Juvenile Member (Age 11-16).
- (vi) House Member over 25 years of age.

(8) If the answer to (7) is (v) or (iv), state if parent or guardian is already an Ordinary Member of the Club and give full name and address

Signature of Applicant Date

Name and Address of Proposer

Signature Date

Name and Address of Seconder

Signature Date

All applications, accompanied by Entrance Fee, where appropriate, must be signed by two full members – not members of Council – of at least 3 years' standing.

Letter of Recommendation is required from Proposer.

APPLY FOR 5 DAY MEMBERSHIP (Please Tick Here)