

scrabogolfclub



Application for Membership (all Marked* please complete clearing)

*Name	
*Address	
*Postcode	
*Tel Number	
*Mob Number	
*Email Address	
*Date of Birth	

*Have you ever been a member of any other golf club?

Yes _____ Golf Club. No

Have you ever been convicted of a criminal offence? Yes No

*Please select membership type you would like to apply for from the below list:

- | | |
|--|--|
| <input type="checkbox"/> Full Membership - | <input type="checkbox"/> Junior/Student Membership (19-20) |
| <input type="checkbox"/> Five Day Membership | <input type="checkbox"/> Juvenile Membership (8-18) |
| <input type="checkbox"/> Flexible Membership | <input type="checkbox"/> Lady Associate Membership |
| <input type="checkbox"/> Country Membership | <input type="checkbox"/> Social Membership |
| <input type="checkbox"/> 21-29 Membership | |

*Signature of applicant, Parent / Guardian if a Juvenile: -----

*Proposer: _____

*Seconder: _____

A copy of our Club Rules, Privacy policy and Dress code can be downloaded from our website – <http://www.scrabogolfclubni.com/>

* I have read and agree to Scrabo Golf Club's Privacy Policy statement. I also agree to abide by the Club Rules if my Membership application is approved.

*Payment Method:

- Premium Credit facility is available
- Cash/Cheque (please make payable to Scrabo Golf Club)
- BACS (ACC Number: 22562151 SORTCODE: 90-23-46)

Once complete please return the application form to the Club office or email: admin@scrabogc.co.uk