

APPLICATION FORM FOR MEMBERSHIP YEAR 2014

Type of Membership : Please print all information clearly See type of Category overleaf			
Name :			
Address:			
Mobile Telephone Number :			
Home Telephone Number :			
e.mail address			
Name	Date of Birth	Present or Previous Club if any	Exact Handicap if any Please attach handicap certificate 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			
Please print Names		Signature	
Proposed By:			
Seconded By :			
Signature of Applicant:		Date	

