

Lisselan Golf Club

FULL Membership Application Form

Mr / Mrs / Ms (Please circle)

Name (PRINT):

Address (PRINT):

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Contact Number:

Email Address:

Date of Birth:

Please state name & address of golf clubs you have been a member of:

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Do you have a Golf Union Handicap? (Tick Box) NO YES

If yes, please state your Handicap: GUI/ILGU 8 Digit No:

With which club?

Do you wish to have your Golf Union Handicap with Lisselan Golf Club?

Proposed by (Member):

Seconded by (Member):

Name: Name:

Address: Address:

Tel. No.: Tel. No.:

I hereby confirm all information supplied above to be accurate and truthful.

Signed: Date: