



Lisselan Golf Club

Junior Membership Application Form

Name: *(PRINT)*

Address: *(PRINT)*

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Contact Number:

Email Address:.....

Date of Birth:.....

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?

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

Signed: Date:.....