



# Lisselan Golf Club

## Student Membership Application Form

Name (*PRINT*):.....

Address (*PRINT*): .....

.....

.....

Contact Number: .....

Email Address:.....

Date of Birth:.....

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

.....

.....

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: .....