

Kilrea Golf Club

Application for Membership

47a Lisnagrot Road Kilrea BT51 5SF 028 295 40044 kilreagolfclub@outlook.com www.kilreagolfclub.com

You can enter your information using the text boxes below by clicking on them. Form must be printed off and signed by a Proposer and a Seconder then returned to the Honorary Secretary at Kilrea Golf Club.

Title	Forename/s			Surname		
Address			Postcode			
			Home Tel	le No.		
		Mobile No.				
Email Address						
Date Of Birth		Occupation				
Name of Previous Club (if any)			World Handicap Index (if any)			
I wish to apply to become a are:	member of Kilrea G	olf Club. The	proposer and se	conder, who are existing members of Kilrea Go	If Club,	
Proposer's Name		Signature				
Seconder's Name	Signature					
Category of Membership F	full Membership (23	3+) Youth (1	8-22) Juvenile(2	15-17) Under 15 6 Day (excl Sat) 5 Day Ho	use	
				membership and affiliated membership of Golf Kilrea Golf Club, and I agree for my details to I Date		
Please note due to lim			urday morning, I he first year of n	New members will not be allowed to play golf nembership		
		•	ıld be sent at this	•		
		PRIV	ACY NOTICE			
				tain your consent to holding and using your pers ch times as your have confirmed that you are willin		
Kilrea Golf Club takes your priva services you have requested fro		only use your	personal informat	ion to administer your golfing life and to provide the	2	
				etaries/Captains for the purposes of Club business and or administration of golfing activities.	ew b	
From time to time, we would like you consent to us contacting you				es and information about events and Club facilities. If would like us to contact you.	f	
	Post	Email	Phone	Text Message		
For Official Use Only						
Date received:///						
Date of consideration by Cou	ncil://	Determina	tion:			

Signature of Honorary Secretary: