

## **Cliftonville Golf Club Ltd**

44 Westland Road, BELFAST, BT14 6NH

Tel: Office: 028 9074 4158, Shop: 028 9022 8585

Email: CliftonvilleGC@gmail.com

## **APPLICATION FOR MEMBERSHIP**

Please tick the Memi	bership Category you are ap	oplying for:	_
Adult Memb	er: Aged 30+	Senior Member: Over 67	
Junior Mem	ber: 18 to 29	5 Day Member (Mon-Fri)	
Student: Un	der 23	Student: Under 23	
Juvenile Mei	mber: 16-17	Juvenile: Under 16	
Flexi Golf Mo	ember $lacksquare$	House Member	
Family Mem	bership (2 Adults & depende	ents under 18)	
APPLICANT'S DET	AILS (please complete	all details clearly):	
Title: (Mr/Ms/Mrs/C	other) Surname:		
Forename(s):			
Address:			
Post Code:	Daytime Tel No:	Mobile:	
Date of Birth:	Email Addre	ess:	
Previous Club, Golf Ireland	d Membership Number and Handi	cap Index (if applicable):	
	cate with you regarding your mowill contact you by phone.	embership and the Club's activities by er	mail. If you do not have an
Our Privacy Policy can be Controller at the email/		f you need further information, please w	rite to the Club's Data
handicap administration	n and using the World Handica	ou consent to share your details with Gol pping System. Your Handicap Index will by platforms for the purposes of Peer Revi	oe made available to other
	ber of Cliftonville Golf Club, I un by become due. I will observe t	ndertake to pay annual subscriptions and he rules and regulations of the Club and	•
Name of Current Me	mber who has introduced y	ou (if applicable):	
Signature:		Date:	
FOR OFFICE USE:			
Application form red	ceived by:		
Application approve	ed by:		
Bar Card Number: .	Golf Ireland Me	embership Number:	

Updated: October 2024