



# Bushfoot Golf Club Limited

50 Bushfoot Road, Portballintrae. Co Antrim BT57 8RR  
Telephone 028 2073 1317. Fax 028 2073 1852  
E-Mail : bushfootgolfclub@btconnect.com

## MEMBERSHIP APPLICATION FORM

To allow full consideration to be given to this application, you are requested to complete the questionnaire below and return it to the Club Office. As insufficient information may result in the application being refused, it is essential that all questions are fully answered. All information given will be treated as strictly confidential.  
All applications will be presented at a Full Council meeting for discussion and decision.

**APPLICATION FOR:**                      **\*FULL\***                      **\*HOUSE\***                      **\*JUVENILE\***

\*Please circle applicable category.

Name and Address of Applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post code: \_\_\_\_\_

Email Address: \_\_\_\_\_ Telephone No. \_\_\_\_\_

Date of Birth of Applicant: \_\_\_\_\_

Name of Present/Previous Club: \_\_\_\_\_ Handicap \_\_\_\_\_

Occupation: \_\_\_\_\_

**PROPOSER:**

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Address: \_\_\_\_\_  
(Block Capitals)

**SECONDER:**

Name: \_\_\_\_\_ Signature \_\_\_\_\_

Address: \_\_\_\_\_  
(Block Capitals)

Candidates for admission to the Club must be proposed and seconded by members (who must have been members for two years or more) to whom they must be personally known.

OR

Candidates who are members of another Club must have a letter of recommendation from the Secretary/Manager of the Club.

**I hereby apply for Membership of Bushfoot Golf Club and, if approved agree to abide by the Rules of the Club.**

**Signature of Applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

Office Use Only:	Application Received: _____
Approved by Council _____	Invoice Issued: _____
Invoice Received _____	Membership No: _____