



CROSSGAR
GOLF CLUB



231 Derryboye Road
Crossgar
Co Down
BT30 9DL
Tel (028) 44831523

Application for Membership

Name _____

Address _____

Postcode _____

Date of Birth _____

Tel No: _____ Mobile No: _____

email address _____

Membership Category Please tick appropriate category -

Men - Full	()	Men - 5 Day	()	SRP* Men	()
Ladies - Full	()	Ladies - 5 Day	()	SRP* Ladies	()
Juveniles/Juniors (10-18 yrs)	()			Youth/Student (18-21)	()

- Appropriate fee must accompany your application
- Those applying for the concession fee must attach a copy of evidence of being in receipt of State Retirement Pension*

Declaration - If my application is successful I agree to be bound by the rules of Crossgar Golf Club.

Signed _____ Date _____

Proposed by _____ Seconded by _____

Application accepted/rejected on _____

Hon Secretary: James Keenan

Secretary Ladies Section: Barbara Giffin