



APPLICATION FORM

PLEASE USE BLOCK LETTERS

First Name(s): _____	Surname: _____
Title Mr Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/> Other _____	Date of Birth: _____
Address (in full): _____ _____	Email: _____
	Telephone (Home) _____
	Telephone (Work) _____
	Mobile: _____
Occupation: _____ _____	

Type of membership applied for:	5 Day <input type="checkbox"/>	7 Day <input type="checkbox"/>	Seniors <input type="checkbox"/>	Under 30s <input type="checkbox"/>
Do you hold a current handicap;	YES <input type="checkbox"/>		No <input type="checkbox"/>	
If YES at which club;	_____			
If NO have you previously held a handicap;	YES <input type="checkbox"/>		NO <input type="checkbox"/>	
If YES what handicap & at which club;	_____			
Do you wish to make Roganstown your home club for handicap purposes?	YES <input type="checkbox"/>		NO <input type="checkbox"/>	
Handicap Cert Attached	YES <input type="checkbox"/>		NO <input type="checkbox"/>	
<i>An authorised copy of your current detailed handicap certificate from your club's competition and handicap software will be required.</i>				
If NO, please ensure to complete 3 Score Cards as soon as possible and place in an envelope for the attention of the Handicap Secretary				
Committee Office Held:(if any)	_____			

Signature: _____	Date: _____
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