



DUNMURRY SPRINGS

GOLF CLUB

APPLICATION FORM

NON-SHARE / ASSOCIATE MEMBERSHIP

This application is made pursuant to the conditions below, please read carefully.

PLEASE COMPLETE IN BLOCK LETTERS

First Name:

Surname:

Title: Mr [] Mrs [] Miss [] Ms [] Other []

Date of Birth:

PLEASE TICK APPROPRIATE BOX

Address (in full):

Occupation:

Next of Kin & Their Contact Number:

Mobile Number:

Membership of other Golf Clubs: (if any)

E-mail Address:

Office Held: (if any)

Handicap: (if any)

If you are a member of another Club please indicate which Club will be your Home Club for Handicapping purposes:

Home Club to be:

Conditions:

- 1. Associate Membership is issued in pursuant of the Rules of the Joint Club and the Constitution of Dunmurry Springs Golf Club
2. Associate Memberships carry no shareholding in Dunmurry Springs Golf Club plc.
3. Dunmurry Springs Golf Club plc. reserve the right to withdraw Associate Membership with a full refund of any joining fees or subscriptions paid to Dunmurry Springs in year one.
4. It is a condition of the Associate membership that the holder must pay the annual subscription each year.

Signature:

Date:

Approved by Dunmurry Springs Plc:

OFFICE USE ONLY

Payment:

Table with 3 columns: Cash, Cheque, Direct Debit, Laser Card, Bank Draft, Bank Transfer

Date: