



# SWORDS GOLF CLUB

MEMBERSHIP PROPOSAL FORM 2012



Name :			
Address :			
Telephone :		Mobile :	
E-mail :			

DID YOU APPLY LAST YEAR? YES  NO

HAVE YOU APPLIED PRIOR TO THAT? YES  NO

## CURRENT / PREVIOUS GOLFING HISTORY

DO YOU HAVE A CURRENT/PREVIOUS GUI HANDICAP? YES  NO  H/CAP

DO YOU HAVE A GOLF SOCIETY HANDICAP? YES  NO  H/CAP

IF YES PLEASE PROVIDE DETAILS OF CLUB / SOCIETY:

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PROPOSED BY*	DATE:	MEMBER No.:
SECONDED BY*	DATE:	MEMBER No.:

\*FOR PROPOSER: Please add one or two short comments about the applicant which you feel may be relevant and may influence the decision of the selection committee, ie family member, work colleague, how long you've known the applicant, in what capacity you know him etc.

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1. APPLICANTS PLEASE NOTE: BY SIGNING THIS FORM YOU UNDERTAKE TO BE BOUND BY THE RULES OF 'SWORDS GOLF CLUB'.
2. SUCCESSFUL APPLICANTS WILL BE CONTACTED BY POST.
3. MEMBERS ARE ONLY PERMITTED TO **PROPOSE ONE**, AND **SECOND ONE** APPLICATION.
4. COMPLETED FORMS MUST BE RETURNED TO  
**HON. SECRETARY, SWORDS GOLF CLUB, BALHEARY AVE., SWORDS, CO.DUBLIN.**

APPLICANTS SIGNATURE:	DATE:

\* Must Be A Member Of Swords Golf Club.