



SWORDS GOLF CLUB

LADIES MEMBERSHIP PROPOSAL FORM 2012



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

CURRENT / PREVIOUS GOLFING HISTORY

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

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

DO YOU HOLD OR HAVE YOU EVER HELD A PPUI HANDICAP? YES NO H/CAP

IF YES PLEASE PROVIDE DETAILS OF CLUB / SOCIETY:

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 her etc.

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 LADIES GOLF CLUB, BALHEARY AVE., SWORDS, CO.DUBLIN.

APPLICANTS SIGNATURE:	DATE:

* Must Be A Member Of Swords Golf Club.