



# Lambeg Golf Club

Aberdelghy Golf Course, Bell's Lane, Lambeg, LISBURN, Co. Antrim, BT27 4QH

Tel: 02892662738 Email: lambeggolffclub@hotmail.com

Established 1986

## Application for Membership

All fields marked (\*) are compulsory and must be completed otherwise application will be rejected.

\* Surname: \_\_\_\_\_

\* Address: \_\_\_\_\_

\* First Name(s): \_\_\_\_\_

(Underline name known by) \_\_\_\_\_

\* DOB: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

\* City/Town: \_\_\_\_\_

\* Home Phone  
(incl. code): \_\_\_\_\_

\* Postcode: \_\_\_\_\_

Mobile: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_

\* Category of membership requested  
(delete as appropriate):

Full Home OR Full Away  
**(Full Away means handicap is maintained by  
some other club)**

## Previous Membership of a Golf Club or Golfing Society

Has the applicant previously been a member of a golf club or golfing society? **Yes / No**

If **Yes** state name of golf club / golfing society \_\_\_\_\_

Period of membership: From: \_\_\_\_\_ To: \_\_\_\_\_

Last known handicap: \_\_\_\_\_ Handicap Certificate? **Yes/No**

Declaration : I request that I be considered for membership of the Club, in the above marked category and if elected I agree to pay all applicable Membership, Entrance Fees and Levies, when they become due. I agree to observe all the Rules, Regulations and By-Laws of the Club, I am not under liability to any other Golf Club. I confirm that all the information I have provided in this application is accurate and correct.

\* **Signature of Applicant:** \_\_\_\_\_

\* **Date:** \_\_\_\_\_

## Names and Signatures of Proposer & Seconder

\* **Proposer:**  
(Block Capitals) \_\_\_\_\_

\* **Seconder:**  
(Block Capitals) \_\_\_\_\_

\* **Signature:** \_\_\_\_\_

\* **Signature** \_\_\_\_\_

Please note Proposer and Seconder must be Full Playing Members of at least one year standing

N.B. The Council of Lambeg Golf Club reserve the right to refuse any applicant membership of the club and are not obliged to state reasons for refusal. The Applicant will be informed in writing by the Honorary Secretary of the Council's decision. The Council reserve the right to contact the Golfing Union of Ireland and/or any previous Golf Clubs and Golfing Societies the Applicant has belonged to in order to check if the Applicant is and has always been in good standing with the Golf Clubs and Golfing Societies, and also to check handicap details.

Date of interview: \_\_\_\_\_

Interviewed by (1) \_\_\_\_\_

Interviewed by (2) \_\_\_\_\_