



APPLICATION FOR MEMBERSHIP

I wish to become a Playing/House Member of Morlais Castle Golf Club

Title Surname

Forename

Address

..... Post Code

Landline No. Mobile No.

Email Address

Date of Birth

Parent/ Guardian Details if applicant under 16:

Name Relationship to applicant

Address (if different)

Contact Telephone Details

Have you been a member of another golf club? If so enter details below:

Name of Club CDH No.

Years of Membership Handicap (if applicable)

Do you know anyone at Morlais Castle Golf Club? If so enter their name below:

Members Name

Signature (applicant) **Date**

Office

Method of Payment Date of Payment

Membership No. Bar Card No.

Bag Tag Issued Bar Card Issued