

CITYWEST

GOLF

2020 MEMBERSHIP APPLICATION

First Name: _____

Surname: _____

Date of Birth: _____

Address: _____

Tel. Number: _____ Mobile: _____

Email: _____

Category of Membership: _____ € _____

Membership prices are inclusive of GUI charge, Insurance & Club Admin Levy.

On becoming a member of Citywest Resort Golf Club, I acknowledge that my membership is an annual licence subject to annual review. All members will be added on to the club's insurance on the next available working day.

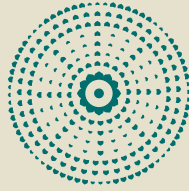
All applications for membership must attend an interview and be approved by the General Committee or their Representatives The decision of the General Committee is final and binding.

Signed: _____
(by applicant)

Signed: _____
(by General Manager of CWGR)

Citywest Hotel & Golf Resort
Naas Road, Saggart, Co. Dublin, Ireland.

Tel: +353 (01) 401 0878 | Email: golf@citywesthotel.com



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Are you currently a member of a Golf Club? Yes No

If 'yes', please give full details:

Name of club: _____

Membership category: _____

Current CONGU handicap: _____

A copy of your current detailed handicap certificate from GOLFnet will be required.
A dual member (in Ireland a member of more than one club must be handicapped at whichever golf club he plays most qualifying competitions). Clause 8.2. CONGU UHS.

If 'no', please complete the following:

Have you ever been a member of a Golf Club? Yes No

If 'yes', please give full details:

Name of club: _____

Membership category: _____

Initial handicap allotted: _____

Lowest CONGU handicap held: _____

A copy of your last detailed handicap certificate from GOLFnet will be required.

If 'no', please complete the following:

Golfing experience: _____

Have you ever played society golf? Yes No

If 'yes', please give handicap held: _____

Note: The allotments of handicaps at Citywest Resort Golf Club is the responsibility of the Citywest Resort Men's Club who will advise you of the procedures to obtain a handicap in accordance with Clause 16 of the CONGU UHS.

Signed: _____ Date: _____

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