

The Castletown Golf Links Club Limited



Golf Office
Castletown Golf Links Hotel
Fort Island
Derbyhaven
Isle of Man
IM9 1UA

Telephone (01624) 822220
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Golf Director Debbie Barron

Application for Membership - Ladies

Title	Membership Category
Forenames	Handicap
Surname	Other Clubs
Address	How long at previous Club
.....	Home Club, Castletown?
.....	Is your spouse a Member of CGC
Post Code	I enclose:- Handicap Certificate <input type="checkbox"/>
Home Telephone	
Work Telephone	£100 non-returnable deposit <input type="checkbox"/>
Occupation	(Please make cheques payable to Castletown Golf Links Limited)
Company or Employer	(Your application may be delayed if all items are not completed)
Date of Birth	I have received a copy of the guidelines for new members <input type="checkbox"/>

I hereby apply for Membership and agree to uphold the good name and traditions of the Club and to abide by the Constitution and Rules of The Castletown Golf Links Club Limited (Ladies Division) at all times.

Signature of Applicant..... Date of Application

Name of Proposer

I have known the applicant for years, I am aware of my responsibilities to the Club as a Proposer and I recommend her for Membership.

Signature of Proposer

Name of Seconder

Signature of Seconder