

# Castletown



# Golf Club

## Isle of Man

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

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### Application for Membership

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

**Signature of Applicant**..... **Date of Application** .....

**Name of Proposer** ..... **Signature of Proposer** .....

**Relationship to Applicant**.....

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

**Name of Seconder** ..... **Signature of Seconder** .....