

Application for Social Membership

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

Telephone
Fax

(01624) 822220 Golf Office
(01624) 829661 “ “

**Castletown
Golf
Club**

Title.....

Forenames.....

Surname.....

Address.....

.....

.....

.....

Post Code.....

Telephone (Home).....**(Work)**.....

Date of Birth.....

Is your spouse a member of Castletown Golf Club.....

I enclose £.....(minimum deposit £100 , non refundable)

I hereby apply for Membership and agree to uphold the good name and traditions of the Club and to abide by the rules of Castletown Golf Club at all times.

Signature of Applicant.....

Date.....