



DONAGHADEE
GOLF CLUB

NOMINATION FORM FOR MEMBERSHIP

It is important to note that all nominations for membership are made and accepted on the strict understanding that Donaghadee Golf Club, its employees or agents, will not be obliged to assign any reason or enter into any correspondence or discussion regarding the success or otherwise of any nomination.

Category of Membership requested

Section A: Personal Details

- A1** Full Name (Mr, Mrs, Ms, Miss) _____
- A2** Home Address _____
_____ Post Code _____
- A3** Telephone (Home) _____ (Work) _____ (Mobile) _____
- A4** Date of Birth _____ (Email) _____
- A5** Full name of any relatives or friends who are existing members of Donaghadee Golf Club (*if any*) _____

Section B: Golfing Background

- B1** If you have previously been a member of Donaghadee Golf Club, please indicate category, dates of membership and reason for leaving.

- B2** If you have ever been a member of another golf club please state club name, category and approximate dates of membership, handicap and reason for leaving _____

- B4** If you are currently a member of another golf club please state your GUI number(if you have one) club name, category and approximate dates of membership, handicap, and indicate whether you intend to maintain two memberships should this nomination be successful

- B5** Have you ever been refused admission or expelled from any club _____
If yes, please give reasons including name of club

- B6** Approximately how many times have you played golf at Donaghadee Golf Club in the last twelve months and in what capacity (i.e. individual, playing with a member, or as a member of a visiting Society) _____ (if Society give name) _____

Declaration by Nominee

Section C: Other Information

C1 Please state here any other information which you feel would assist in the consideration of your nomination

Signed _____ Date _____

Declarations by Persons supporting this nomination

Statement by Proposer: _____

We the undersigned confirm that we have been full members of the Club for a period of at least three years and certify that we know the applicant personally. We are unaware of any other factors which would call into question his/her suitability as a member.

Proposed by (Full name in block capitals) _____

Signed _____ Date _____

Seconded by (Full name in block capitals) _____

Signed _____ Date _____

Enter Name of Council Member Supporting this Application:

If this application is successful, in order to comply with GDPR 2018 Legislation.

I consent to the Club holding necessary personal information:

Signed _____ Date _____

Return address for Application Form:

Donaghadee Golf Club, 84 Warren Road, Donaghadee, BT21 0PQ