

**Please complete one application form for each applicant in BLOCK CAPITALS.**

**MEMBERSHIP APPLICATION FORM**

**APRIL 2024 – MARCH 2025**

**Identification photograph must be sent with each application.**

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| **TITLE** (Mr/Mrs/Miss/Ms/Mst) |  | **FIRST NAME** |  |
| **SURNAME** |  | **DATE of BIRTH**(C.B.G.C.reserves the right to ask for proof of age) |  |
| **ADDRESS** |  | **POST CODE** |  |
| **TELEPHONE NO.** | **Home:** | **Mobile:** |  |
| **E-MAIL ADDRESS** |  |
| **CURRENT/PREVIOUS GOLF CLUB** |  | **GI NUMBER** |  |

|  |  |
| --- | --- |
| **MEMBERSHIP APPLIED FOR** (Please tick) | **METHOD OF PAYMENT** (Please tick) |
| **ADULT**(Age 30 -59 for ex’g members who joined before 31stMar. 18/ Age 30-64 for new members and those who joined after 31st Mar.18)  |  | **£395** | **FULL PAYMENT by BACS using name as REFERENCE** A/C 13485062 Sort Code 938491 |  |
| **SENIOR CITIZEN** (Age 60+ for ex’g members who joined before 31st Mar. 18 / Age 65+ for new members and those who joined after 31stMar.18) \*  |  | **£280** | **FULL DEBIT / CASH / CREDIT CARD PAYMENT**  |  |
| **UNDER 30**(Under 30 years)\* |  | **£280** | **ONLINE PAYMENT VIA BRS** |  |
| **YOUTH**(18 - 20 years)\* |  | **£215** | **\* Based on age before the 31st March 2024** |  |
| **JUVENILE**(14 - 17 years)\* |  | **£90** | **Incorrectly completed application forms / debit Instalments will not be accepted and will be returned.** |
| **JUNIOR**(Under 14 years)\* |  | **£60** |  |
| **CITY OF BELFAST GOLF CLUB MEMBERSHIP**(18 yrs and over) – subject to interview**(APRIL: 2023 – March 2024)****Note: Limited Saturday tee off-times availability** | ----- | **£50**  | **CHECKLIST: Have you forwarded the following?****Completed application form / identification photograph / Your payment** |
| **COBGC JNR. MEMBERSHIP (APRIL: 2023 – March 24)under 18** | **N/A** | **£20** | SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **FOR OFFICIAL USE ONLY** |
| MEMBERSHIP NUMBER: | RECEIPT NUMBER: |
| METHOD OF PAYMENT: | DATE PROCESSED: |

**MEMBERS ARE ENCOURAGED TO USE CONTACTLESS PAYMENTS WHERE POSSIBLE.**