

Junior Membership **Application Form**



Ballyneety, Co. Limerick

NAME _____

ADDRESS _____

PARENT EMAIL _____

DATE OF BIRTH ____ \ ____ \ ____

TEL: PARENT HOME: _____ PARENT MOBILE: _____

Please state if you are presently or have previously been a member of any other Golf Club.

Name of Present Club: _____ Handicap: _____

Name of Former Club: _____ Handicap: _____

Please state if you intend transferring your handicap registration from your present Club to Ballyneety Golf Club. Yes No

If you intend transferring your handicap please furnish Ballyneety Golf Club with a handicap certificate from present club.

I hereby apply for Membership of Ballyneety Golf Club and if elected agree to abide by the Rules & Bylaws of the Club

Approved by the Committee _____

Signature of Applicant _____ Block Letters _____

Signature of Proposer _____ Block Letters _____

Signature of Seconder _____ Block Letters _____

Signature of Parent/Guardian _____ Block Letters _____

Please indicate any medical concerns that the club needs to be aware of:

Date of Application ____ \ ____ \ ____

Please return all forms to: Ballyneety Golf Club, Ballyneety, Co. Limerick Tel: 061 351881

Email: info@ballyneetygolfclub.com for further information