

MEMBERSHIP APPLICATION FORM



NAME _____

ADDRESS _____

EMAIL _____

DATE OF BIRTH ____ \ ____ \ ____ OCCUPATION _____

TEL: HOME: _____ WORK: _____ MOBILE: _____

All Club communication will be by email and/or telephone so please provide up to date email address and mobile number. By providing this information you agree to receive communication from the Club.

Please tick the appropriate box for your relevant Golf Experience:

Novice **Intermediate** **Experienced**
(Little or no golf) (Some Society golf) (Have been a member of a Golf Club)

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

Name of Present Club: _____ Handicap: _____ Golf Ireland No: _____

Name of Former Club: _____ Handicap: _____ Golf Ireland No: _____

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

Please tick

Annual Husband & Wife Senior (over 70) Distance***
Junior Student ** Under 30** Country***

* Limited availability

** ID required

*** Proof of address required

Approved by the Committee _____

Signature of Applicant _____ Block Letters _____

Signature of Proposer _____ Block Letters _____ Tel: _____

Signature of Seconder _____ Block Letters _____ Tel: _____

Date of Application ____ \ ____ \ ____

Proposer and Seconder must be **current Members** of Ballyneety Golf Club

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

Contact List BRS Men's/ Ladies Club Original & Signed Accounts Copy

Payment Details _____