

# MEMBERSHIP APPLICATION FORM



NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_ OCCUPATION \_\_\_\_\_

TEL: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ MOBILE: \_\_\_\_\_

*Your contact details are used solely for communicating important Golf Club information, offers and updates. Do you consent for your information to be used in this way? Yes  No*

*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***

***Please tick***

Annual  15 Year Fixed \*  Junior  Senior (over 70)   
Student \*\*  Husband & Wife  Overseas/Country\*\*\*  Under 30\*\*

\* Limited availability      \*\* ID required      \*\*\* Proof of address required – Revenue Document only

Approved by the Committee \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Applicant \_\_\_\_\_ Block Letters \_\_\_\_\_

Signature of Proposer \_\_\_\_\_ Block Letters \_\_\_\_\_ Tel: \_\_\_\_\_

Signature of Seconder \_\_\_\_\_ Block Letters \_\_\_\_\_ Tel: \_\_\_\_\_

Date of Application \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

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

Office Only: Contact List  BRS  Men's/ Ladies Club Original  Accounts Copy

**& Signed**

Payment Details \_\_\_\_\_