

Glengarriff Golf Club

Membership Application Form

Name:			
Address:			
Phone:	Mobile:	E-Mail:	
Date of Birth:	Age:	Occupation:	
Membership Information			
Have you ever been a Member of a Golf Club: YES / NO	Name of Club:	Handicap Held:	Year:
Have you ever been a Member of a Golf Society: YES / NO	Name of Club:	Handicap Held:	Year:
Have you ever been a Member of a Pitch & Putt Club: YES / NO	Name of Club:	Handicap Held:	Year:
Are you a complete beginner to Golf: YES / NO			
Type of Membership Applying for			
Full Single Membership:	Male:	Female:	
Beginners Membership:	Male:	Female:	
Juvenile Membership:	Male:	Female:	
Full Family Membership:	No of Adults:	No of Children:	Ages:
Other Membership (Please State)			
Spouse Information, if joint membership			
Name:	Date of Birth:	Occupation:	
Phone:	Mobile:	E-Mail:	
Previously ever been a Member of a Golf Club: YES / NO	Name of Club:	Handicap Held:	Year:
Previously ever been a Member of a Golf Society: YES / NO	Name of Club:	Handicap Held:	Year:
Previously ever been a Member of a Pitch & Putt Club: YES / NO	Name of Club:	Handicap Held:	Year:
Is Spouse a complete beginner to Golf: YES / NO			
Children			
Names:	Date of Birth:	Ages:	
If your application for membership is accepted and you are already a MEMBER OF ANOTHER GOLF CLUB, are you prepared to declare for Glengarriff Golf Club and give first preference to the CLUB IN ALL TEAM COMPETITIONS? YES / NO			
NB Application must be Proposed or Seconded by a Member of the Club Management Committee. Applications must include €50 Deposit which will be credited against fees if application is accepted. Deposit will be refunded if application is not accepted.			

Signature of Applicant:	Date:
Proposed by:	Date:
Seconded by:	Date:
Application form issued by:	Date:
Application Accepted by Committee: YES / NO	Date:
Application Replied to by:	Date: