



MEMBERSHIP APPLICATION FORM

TITLE: _____ SURNAME: _____ CHRISTIAN NAME/S: _____

ADDRESS: _____

HOME TEL.NO. _____ BUSINESS TEL.NO. _____ MOBILE NO. _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ PROFESSION/OCCUPATION: _____

OTHER GOLF CLUBS/SOCIETIES: _____

HANDICAP (If Any): _____

OTHER SPORTING CLUBS OR ASSOCIATIONS, stating office (if any held): _____

CATEGORY OF MEMBERSHIP: (please tick box)	FULL MEMBERSHIP	<input type="checkbox"/>	U 21	<input type="checkbox"/>
	Five Day	<input type="checkbox"/>	Pavilion	<input type="checkbox"/>
	Over 65	<input type="checkbox"/>		

MEMBERSHIP FEE: _____ €

I hereby apply for membership of Ballinastoe Golf and agree, if accepted to become a member of the Club, to be bound by the constitution of Ballinastoe Golf Club (Mens or Ladies Club as appropriate), the rules, regulations and bye-laws of the Club and all agreements entered into by it, and I authorise my name to be placed on the Register of Members of the Club

SIGNATURE OF CANDIDATE: _____ DATE: _____

SIGNATURE OF PARENT(U16): _____ DATE: _____

REFEREES DECLARATION :

We being members of Ballinastoe Golf Club Ltd have known the Applicant for a considerable time and we believe Him/her to be a suitable person to become a member of Ballinastoe Golf Club Ltd.

Name(Block Letters please): _____ Signature _____
Date: _____

Name(Block Letters please): _____ Signature _____
Date: _____

Please return this form to Anthony Mulligan, Ballinastoe Golf Club Ltd, Ballinastoe, Roundwood, Co.Wicklow.
Tel: 01-281 8480 or 086 859 1545