



Ballinrobe Golf Club.

Cloonacastle,
Ballinrobe,
Co. Mayo.

Tel:- 094-9541118. Fax:- 0949541889.

E-Mail:- info@ballinrobegolfclub.com

Website:- www.ballinrobegolfclub.com

APPLICATION FOR MEMBERSHIP.

Please Print Clearly.

Name:	
Address:	
E-mail Address:	
Mobile No.	
Phone No.:	
Date of Birth:	

Category of Membership.

Single:-	<input type="checkbox"/>	Junior 5 Day:-	<input type="checkbox"/>
Country:-	<input type="checkbox"/>	Junior 7 Day:-	<input type="checkbox"/>
Overseas:-	<input type="checkbox"/>	Student:-	<input type="checkbox"/>
Over 70:-	<input type="checkbox"/>	New to Golf:-	<input type="checkbox"/>

Golf Club which he/she was a member if applicable.

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Handicap:

Self:	
Spouse:	

Application for Membership must be proposed & Seconded.

	Please Print.	Please Sign.
Proposer:		
Seconder (1)		
Seconder (2)		

DATE:- / /

Please return completed form to the Hon. Secretary, Ballinrobe Golf Club, Cloonacastle, Co. Mayo accompanied by the appropriate fee.
All applications must be ratified.