

CASTLEBAR GOLF CLUB

NEW MEMBER APPLICATION FORM



Name _____ Category _____

Date of Birth _____

If Student Category: College _____ Student Card No _____ Exp date _____

Address _____

Phone No _____ Email _____

Have you ever played Golf _____ Last Handicap _____ (Year _____) Golfnet No. _____

Name & Address of Previous Club _____

Proposed by _____ Seconded by _____

Information gathered by this application is strictly for club use and associated golf bodies, e.g., Golf Ireland, handicap and membership systems, and is not shared with any third party.

****If elected, I agree to be bound by and to observe all Rules and Regulations of Castlebar Golf Club during my membership**

Signed: _____ Date: _____

Membership shall not be ratified until first Subscription (and Entrance Fee, if applicable) is paid.

.....
Elected by committee on _____ Signed _____ (Secretary)

(Office Use) Amount Paid _____ Date _____ Receipt No _____

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