

Mitchelstown Golf Club

Gurrane ,Mitchelstown, Co. Cork, Ireland

Tel: +353 (0)25 24072 Fax: +353 (0)25 86631

Website: www.mitchelstown-golf.com Email: info@mitchelstown-golf.com

Application Form for Membership

I apply to the Management committee of Mitchelstown Golf Club for the following category of membership; _____ (see membership rates form for suitable category)

Name (print) _____ Address (print) _____

Date of Birth: _____

Date: _____

Tel: _____ Email (print) _____

We know the Applicant personally and recommend him/her for membership.(member for 3 years or more))

Proposer: (print) _____ (sign) _____

Seconder(print) _____ (sign) _____

If Applicant is new to golf or has no affiliation to any club member tick here

Current Club (if any): _____

Current Club Handicap: _____

For those holding a current handicap, handicap certificate to be produced.

Those applicants who wish to be allocated a Handicap MUST submit THREE Cards completed at Mitchelstown Golf Club under normal playing conditions and MARKED AND SIGNED by a paid up PLAYING MEMBER of the Club

I agree to abide by the rules of golf at all times. I further agree to undertake to comply with the rules of the club, to abide strictly to all the clubs bye-laws and Constitution if accepted as a member. I also agree and undertake to abide by all committee directives. I acknowledge the right of the committee to make whatever decisions that are in the best interest of the club.

Applicant's Signature: _____

Applications must be accompanied with appropriate entry fee or direct debit form and Proof of Address required for Zone 2, 3 memberships

FOR CLUB USE ONLY Accepted

Date Received: _____

Date Accepted: _____

Payment: _____