

Mitchelstown Golf Club

Gurrane, Mitchelstown, Co Cork Ireland.

Tel: 353(0)2524072 / Fax; 353(0)2586631

Website: www.mitchelstown-golf.com

Email: info@mitchelstown-golf.com

APPLICATION FORM FOR MEMBERSHIP

I wish to 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: _____

Date of Birth: _____ (Essential) _____

Home Tel: _____

Mobile Tel: _____ e-mail: (Print) _____

We (*member for at least 3 years*) know the applicant personally and recommend him /her for membership

Proposer: (Print) _____ Sign; _____

Secunder: (Print) _____ Sign: _____

If applicant is new to golf or has no affiliation to any club member please tick here:

Current Club: (If any) _____ Current H/cap: _____

Previous Club (if applicable) _____ Previous H/cap: _____

For those applicants holding a current handicap – handicap certificate & GUI No. required. Those applicants who wish to be allocated a handicap MUST submit THREE cards completed at Mitchelstown Golf Club, under normal playing conditions and MARKED & SIGNED by a paid up PLAYING MEMBER of the club.

Have you ever been suspended by a golf club Yes / No

Have you ever had your handicap suspended by a golf club Yes / No

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

Applicants Signature: _____ Date: _____

Applications must be accompanied with appropriate fee and/or Direct Debit form. Proof of address is required for Membership Zone 2 & 3. Post Code: _____

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FOR CLUB USE **Accepted** **Rejected**

Date Received: _____ **Date Accepted/Rejected:** _____

Paid: _____ **Amount:** _____