



**BALLYCLARE
GOLF CLUB**

MEMBERSHIP APPLICATION

Please complete and return via email, post or in person.

Full Name :

Address :

Tel. No's. Home : Work : **Post Code :** Mobile :

Email : **DOB :** / /

Previous Club(s) if applicable :

Reason(s) for leaving :

Handicap	GI Card No.
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Previous Golf History : *If you have not been a member of a club or do not have a handicap, please provide details of any previous golfing experience.*

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Please note: your previous club (if applicable) may be contacted for references and/or any other information required.

Any false statements or misleading information given in your application may lead to future disciplinary action and possible expulsion from the club.

You will be bound by the club rules at all times and you should familiarise yourself with these.

Notification of your application will be posted on the club notice board for a period of ONE month.

Type of Membership applied for (tick box) **Subscription Period : 1st April - 31st March**

Full	Associate	5 Day	Intermediate	Student	Juvenile	House
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I agree to abide by the Irish Anti-Doping Rules

Signed : **Date :**

Proposed by : [Signature]	Print Name :
	Contact Tel. No.
How long have you known the applicant?
In what capacity do you know the applicant?
Any other comments :	

Seconded by : [Signature]	Print Name :
	Contact Tel. No.
How long have you known the applicant?
In what capacity do you know the applicant?
Any other comments :	

Any false statements or misleading information given in relation to this application may lead to disciplinary action and possible expulsion from the club.

- The Applicant must be personally known to the Proposer and Seconder, both of whom can vouch as to the suitability of the Applicant to be a Member of the Club.
- Proposers and Seconders must be members for at least **3 years**.

Office Use Only			
Date Application Received	/ /	Date Posted on Notice Board	/ /
Date Passed to Council	/ /	Approved	Yes/No
Date of Notification Letter	/ /	Interview Date	/ /
Date Payment Received - Entrance Fee	/ /	Amount	£ :
Date Payment Received - Subscription	/ /	Amount	£ :
Date GI Card Ordered	/ /	Date GI Card Received	/ /
Date Passed to Match & Handicap	/ /	Date Handicap Allocated	/ /

Comments/Notes :