



MEMBERSHIP APPLICATION FORM

TITLE: _____ SURNAME: _____ CHRISTIAN NAME/S: _____

ADDRESS: _____

HOME TEL.NO. _____ BUSINESS TEL.NO. _____ MOBILE NO. _____

E-MAIL ADDRESS: _____

DATE OF BIRTH: _____ PROFESSION/OCCUPATION: _____

OTHER GOLF CLUBS/SOCIETIES: _____

HANDICAP (If Any): _____

OTHER SPORTING CLUBS OR ASSOCIATIONS, stating office (if any held): _____

I hereby apply for membership of Ballinastoe Golf Club PLC (hereinafter called the Company) and agree, if elected, to become a member of the Company and to be bound by the Memorandum & Articles of Association of the Company, the constitution of Ballinastoe Golf Club Mens or Ladies club, the rules, regulations and bye-laws of the Company and all agreements entered into by it, and I authorise my name to be placed on the Register of Members of the Company.

SIGNATURE OF CANDIDATE: _____ DATE: _____

CATEGORY OF MEMBERSHIP: **FULL MEMBERSHIP**

MEMBERSHIP FEE: €

REFEREES DECLARATION :

We being members of Ballinastoe Golf Club PLC have known the Applicant for a considerable time and we believe Him/her to be a suitable person to become a member of Ballinastoe Golf Club PLC.

Name(Block Letters please): _____ Signature _____

Date: _____

Name(Block Letters please): _____ Signature _____

Date: _____

Please return this form to Anthony Mulligan, Ballinastoe Golf Club PLC, Ballinastoe, Roundwood, Co.Wicklow.
Tel: 01-281 8480 or 086 859 1545