



www.ballinastoeclub.com

ANNUAL 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): _____

CATEGORY OF MEMBERSHIP:
(please tick box)

Annual
U16
Over 70

<input type="checkbox"/>	Five Day	<input type="checkbox"/>
<input type="checkbox"/>	U18	<input type="checkbox"/>
<input type="checkbox"/>	U21	<input type="checkbox"/>

MEMBERSHIP FEE:

€ _____

I hereby apply for membership of Ballinastoe Golf Club. The entitles me to play on an annual basis only. I agree to adhere to the rules of the club as set out by the members of Ballinastoe Golf Club Ltd.

SIGNATURE OF CANDIDATE: _____ DATE: _____

SIGNATURE OF PARENT(U16): _____ DATE: _____

REFEREES DECLARATION :

We being members of Ballinastoe Golf Club PLC have known the Applicant and we believe him/her to be a suitable person to become an annual member of Ballinastoe Golf Club.

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