



Membership Application Form

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| Name of Applicant: | | |
| Permanent Residential Address of Applicant: | | |
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| | | |
| Telephone Home: | Work: | Mobile: |
| Email Address: | | |
| Have you been a member of Mountrath Golf Club before Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| If Yes- State Year(s): | | |
| Are you or have you been a member of another golf club Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| If Yes- name of club: | | |
| Do you hold a current GUI/ILGU Handicap | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| If Yes state Handicap: | | |
| Do you hold a Society Handicap Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| If Yes state Handicap: | | |
| Name of Society: | | |

Type of Membership Required:

Annual Subscription €

Declaration

I wish to apply for Membership of Mountrath Golf Club. I agree to abide by the constitution of the club, the rules and regulations of the club and the decisions of the Committee.

Do you consent to Mountrath Golf Club using photos and videos of you and your guests on the Club's website and social media pages and using in press releases?

Yes No

Do you consent to Mountrath Golf Club using your name, email address and telephone number for creating and managing the Club's online Membership Directory?

Yes No

Signed:

Date:

I certify that I am personally acquainted with the applicant and I consider him/her eligible and that I recommend him/her for membership.

Introduced by: Current Member:

Proposed by: Signed:

Print:

Seconded by: Signed:

Print: