

ABBEYLEIX GOLF CLUB

Ph: 057 8731450

www.abbeyleixgolfclub.ie

MEMBERSHIP APPLICATION FORM

Please read the membership conditions before submitting your application

NAME OF APPLICANT		
RESIDENTIAL ADDRESS OF APPLICANT		
TELEPHONE HOME:	TELEPHONE WORK:	MOBILE
EMAIL ADDRESS:		
DATE OF BIRTH:		
PROPOSED BY:		
SECONDED BY:		

NOTE: Both the Proposer and Seconder of the applicant must be full members of Abbeyleix Golf Club

Have you been a member of Abbeyleix Golf Club before?	YES	NO
<i>Tick the appropriate box</i>		
If YES what Year?		
Were you a member of another Golf Club?	YES	NO
<i>Tick the appropriate box</i>		
If YES please name the club		
Will you continue to be a member of that club?	YES	NO
<i>Tick the appropriate box</i>		
If YES where will your handicap be held?		
Do you hold a current GUI/ILGU Handicap?	YES	NO
<i>Tick the appropriate box</i>		
If YES what is your current handicap		
PLEASE NOTE YOU WILL NOT RECEIVE A HANDICAP UNLESS A COPY OF YOUR CURRENT HANDICAP CERTIFICATE IS SENT TO THIS OFFICE		
Do you hold a Society Handicap?	YES	NO
<i>Tick the appropriate box</i>		
If YES what is your Current Handicap		
Type of Membership required		
Amount Enclosed		

I hereby agree, that if accepted as a member of Abbeyleix Golf Club I will abide by the rules and regulations of the Club.

SIGNED:

DATED: