

ABBEYLEIX GOLF CLUB

MEMBERSHIP APPLICATION FORM

MEMBERSHIP TYPE	FULL	NEW	STUDENT	JUNIOR	LADIES INTO GOLF	DISTANT	COUNTRY
AMOUNT ENCLOSED							
APPLICANT NAME							
ADDRESS							
TELEPHONE							
EMAIL							
DATE OF BIRTH							
PROPOSED BY							
SECONDED BY							
HAVE YOU BEEN A MEMBER OF A GOLF CLUB BEFORE?	YES				NO		
IF YES NAME OF FORMER GOLF CLUB							
IF YES WHAT IS YOUR HANDICAP INDEX & GUI NUMBER	HANDICAP INDEX				GUI		
HAVE YOU EVER BEEN A MEMBER OF A GOLF SOCIETY?	YES				NO		
NAME OF SOCIETY							
LOWEST & CURRENT SOCIETY HANDICAP	LOWEST HANDICAP				CURRENT SOCIETY HANDICAP		
<i>I hereby agree, that if accepted as a member of Abbeyleix Golf Club I will abide by the rules and regulations of the Club, I understand my details will be shared with Golf Ireland for Handicapping administration, my golf scores and handicap index will be made available to other members of this club via MyGolf, Golf Ireland App and other platforms for the purpose of Peer Review. I understand that as a condition of holding a handicap index, the World Handicap System requires that my scoring record be made available for viewing by fellow club members of this golf club.</i>							
SIGNED					DATE		

FOR OFFICE ADMINISTRATION

APPLICANT APPROVED BY COUNCIL	YES	NO	DATE
MEMBER DETAILS ENTERED ON (TICK WHEN COMPLETED)	GUI CLUBHOUSE	HANDICAPMASTER	BRS
FEE PAYMENT	PAID IN FULL		INSTALMENTS
EMAIL/LETTER SENT	TICK WHEN SENT		DATE SENT
ADMINISTRATOR NAME WHO PROCESSED APPLICANT			