

DUNGARVAN GOLF CLUB MEMBERSHIP APPLICATION.

Application **must** be accompanied by the relevant Subscription/ Fee. Application will be posted on the Club notice board for 14 days prior to consideration at a Committee Meeting.

Incomplete Applications will not be processed. Please complete in block capitals.

Membership required: Full Husband & Wife Student

Junior Pre-Junior (6/11 yrs) Country/Overseas Social

Name: _____

Home Address: _____

Tel. No: (W/M) _____ Tel. No: (H) _____ Email: _____

Correspondence Address if Different:

Date of Birth: _____

School/College (Ref. Juniors/Student Applicants): _____

Current or Past Membership of any Golf Club / Pitch & Putt Club / Golf Society

Name of Club(s)	Union # (Full 8 digits)	Period of Membership	Membership Category
1. _____	_____	_____	_____
2. _____	_____	_____	_____

Current Exact Handicap: ____ Last Known Handicap: ____ Previous Lowest Handicap: ____

If you currently hold or in the past held a handicap, proof of same must accompany this application.

Do you wish your handicap to be controlled by Dungarvan Golf Club? Yes/No _____

Details of Committee/Team Involvement in any of the above Clubs:

Signature of Proposer: _____ Signature of Seconder: _____
(Proposers and Seconders are required to be full members of the Club of at least 12 months standing)

Print Name _____ Print Name _____

I hereby agree to comply with all the Rules of Dungarvan Golf Club and I acknowledge the right of the Committee to make whatever decisions are in the best interest of the Club.

Signature of Applicant: _____ **Date:** _____

For Club Use Only Date Posted : _____ Amount Paid : Sub. _____ Levy/Fee _____

Approved ____ Not Approved ____ Date of Meeting: _____ Initialed: _____

Handicap Cert Received : Input: Applicant Informed :