

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: (M) _____ Tel. No: (H) _____ Tel (w) _____

Email: _____

Date of Birth: _____

School/College (Junior/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.

Dungarvan Golf Club reserves the right to contact previous Clubs to verify membership status.

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 **Secunder:** _____

(Proposers and Secunders 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: