



COURTOWN GOLF CLUB MEMBERSHIP APPLICATION

NAME: (Please Print) _____

ADDRESS: _____

PHONE NO. (Mobile) _____ (Home) _____ D.O.B _____

EMAIL _____

TYPE OF MEMBERSHIP (Please tick one)

FULL UNDER 35 JUNIOR PAVILION

MEMBER OR PREVIOUS MEMBER OF ANOTHER GOLF CLUB (IF ANY)

Name of Club/s _____

Current Handicap _____ Golf Ireland number _____

HAVE YOU PREVIOUSLY PLAYED SOCIETY GOLF OR PITCH AND PUTT Y **N**

IF ANSWER IS YES HANDICAP ALLOTTED _____

Relationship to member if any. _____

Proposer _____

Secunder _____

Both of the above must be full members of Courtown Golf Club.

By signing this form you consent to your name and address being posted on the Notice Board of Courtown Golf Club for two weeks prior to the approval of the Executive Committee.

By providing an email address and phone number you consent to receiving booking confirmations and other communications from Courtown Golf Club, Committees and Team Managers.

I wish to apply for membership of Courtown Golf Club and agree to abide by terms and conditions and all the rules as defined in the constitution of the club.

Signature _____

Date _____