

Balbriggan Golf Club

Tel: 8412229 - Fax 8413927

Email: balbriggangolfclub@eircom.net

Application Form for Membership of the Club

CLASS OF MEMBERSHIP SOUGHT:

NAME:

PRIVATE ADDRESS:

.....

.....

OCCUPATION:

BUSINESS ADDRESS:

.....

DATE OF BIRTH:

TELEPHONE NO: (HOME) **(MOBILE)**

Email:

I am aware that Balbriggan Golf Club has the right to offer promotions in the future and by accepting this current promotional offer I agree that I am not entitled to any further reductions resulting from any future promotions.

Signature of Proposed Member.....

If previously a member of another Golf or Pitch & Putt Club please state:

NAME OF CLUB: **HANDICAP:**

CERTIFICATE: We certify that we are personally acquainted with the above named candidate. We consider he/she is eligible and recommend him/her for membership.

PROPOSER: **SECONDER:**

Print name: **Print name:**

DATE:

Will the proposer please get in touch with a member on the Club Council to providing further relevant information on the above candidate?

Office Use

Form Received **Ratified by Council on**

Card Order..... **Access Card**