



Membership Application Form

Please affix a
Passport Size
Photograph
here

PERSONAL DETAILS

Name: _____

Tel No.: _____

Address: _____

Mobile: _____

Occupation: _____

DOB: _____

Email: _____

Details in support of your application: _____

Category of Membership being applied for:

Full Ordinary * Junior Associate (*Only persons of 17 years or under may apply for Junior Associate Membership*)

Name of other Clubs (Past or Present): _____

Current Handicap: _____ Date of Application: _____





Signature of Applicant:	SIGNATURE	PRINT
Signature of Proposer:	SIGNATURE	PRINT
Signature of Secunder:	SIGNATURE	PRINT

PLEASE NOTE

~ **Required Documentation:** All membership applications **MUST** be accompanied by proof of primary residence (eg. any government-issued identification outlining your home address, driver's license, vehicle registration or tax return). Applications **MUST** also be accompanied by letters of support from the proposer and secunder.

~ **Applications must be sent to the Club**, marked for the attention of the General Manager or emailed to gm@ballybuniongolfclub.ie. Incomplete application forms **WILL NOT** be accepted.

Acknowledgement of receipt of applications will be emailed to applicants.

*Please return your completed application form to the Club, marked for the attention of the General Manager or emailed to vari@ballybuniongolfclub.ie. Incomplete application forms **WILL NOT** be accepted. Acknowledgement of receipt of applications will be emailed to applicants.*

