



Please affix a
passport size
photo

Membership Application Form

Name: _____

Address: _____

Tel No.: _____ Mobile: _____

Email: _____

Occupation: _____ Date of Birth: _____

Details in support of your application

Name of Golf Clubs	Year(s) of Membership	Current Handicap
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_____	_____	_____
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_____	_____	_____
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Signature of Applicant: _____ Date: _____

Proposed by _____

Seconded by _____

Please ensure that a letter accompanies your membership application from your Home Club confirming that you are in good standing and confirming your handicap details. We also request that you provide proof of your primary residence (official government issued identification, driver's license or vehicle registration).

Letters of support MUST accompany applications from the proposer and seconder.

Please tick the following box to confirm that you are granting us permission to keep your personal information on file for processing your application. Yes No

To discuss membership in more detail,

Please contact the General Manager on +353 (0) 68 27146 or email John.eggleston@ballybuniongolfclub.ie.

Please forward completed application form for the attention of John Eggleston.

Ballybunion Golf Club
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F: +353 (0) 68 27387
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