

BALLINROBE GOLF CLUB

Championship Parkland Golf Course



**BALLINROBE GOLF CLUB.
CLOONACASTLE.
BALLINROBE,
Co. MAYO.**

TEL. 094-9541118. FAX. 094-9541889

E-MAIL: INFO@BALLINROBEGOLFCLUB.COM

WEBSITE: WWW.BALLINROBEGOLFCLUB.COM

APPLICATION FOR MEMBERSHIP.

PLEASE PRINT CLEARLY

Name:	
Address:	
E-mail Address:	
Mobile No.	
Phone No.	
Date of Birth:	

Category of Membership (Please tick):

Single	<input type="checkbox"/>	Junior 5 Day	<input type="checkbox"/>
Country	<input type="checkbox"/>	Junior 7 Day	<input type="checkbox"/>
Overseas	<input type="checkbox"/>	Student	<input type="checkbox"/>
4 Day M/ship	<input type="checkbox"/>	New to Golf.	<input type="checkbox"/>

Golf Club which he/she was a member if applicable.

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Handicap:

Self:	
Spouse:	

Application for Membership must be proposed and seconded.

Block Capitals.

Proposer:		Please Sign:-	
Secunder (1):-			
Secunder (2):-			

Date:-	/	/
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Please return completed form to the Hon. Secretary, Ballinrobe Golf Club, Cloonacastle, Co. Mayo accompanied by the appropriate subscription.
All applications must be ratified by Council.