



Ballinrobe Golf Club
 Cloonacastle
 Ballinrobe
 Co Mayo

Tel: 094-9541118 Fax: 0949541889
 E-Mail: info@ballinrobegolfclub.com
 Website: www.ballinrobegolfclub.com

APPLICATION FOR MEMBERSHIP

I wish to apply for membership of Ballinrobe Golf Club and if elected I agree to abide by all the Rules, Regulations and Bylaws of the club during my membership

PLEASE PRINT CLEARLY

Name:	
Address:	
Email Address:	
Mobile No:	
Phone No:	
Date of Birth:	
<p>*By providing the above information you agree to receive communications from the Club by any of these means</p>	

CATEGORY OF MEMBERSHIP [Tick which is applicable]

Full Single: <input type="checkbox"/>	Country: <input type="checkbox"/>	Junior: <input type="checkbox"/>	Student: <input type="checkbox"/>
Student: <input type="checkbox"/>	New to Golf: <input type="checkbox"/>	Overseas: <input type="checkbox"/>	Other: <input type="checkbox"/>

PREVIOUS GOLFING EXPERIENCE PLEASE ANSWER THE FOLLOWING QUESTIONS

1. Are you currently a member of any golf Club? **YES / NO**
 If Yes, please state name of the club and your current handicap at that club.

 Name of Club _____ Handicap _____ GUI No _____
2. If No have you ever been a member of another Golf Club **YES / NO**
 If Yes, please state the name of the last club where you were a member and the handicap held when leaving that club.

 Name of Club _____ Handicap _____ GUI No _____
3. Are you or have you been the Member of a Golf Society? **YES / NO**

 If Yes, please give details and Handicap _____

APPLICATION FOR MEMBERSHIP MUST BE PROPOSED & SECONDED

	Please Print Name	Signature
Proposer:		
Secunder:		

*** Failure to provide all necessary information requested above may result in your application for membership being delayed.**

**** Membership of Ballinrobe Golf Club is CONDITIONAL upon your application being formally ratified by the appropriate Ladies/Gents Branch Committees any monies paid will be held in an ESCROW Account prior to formal Ratification of your Membership Application.**