

Clearly print this information

Name: **I** _____

Address: _____

Telephone Number: _____

Date of Birth:...../...../..... Email:.....

Desire to become a member of Cahir Park Golf Club.
If elected, I agree to be bound by the Memorandum and Articles of Association, and the Rules, Regulations and the Byelaws of the Club for the time being in force. I further authorise my name to be placed on the Register of Members subject to its Memorandum and Articles of Association.

Please note that applicants may be invited to present themselves to a meeting of our Membership Committee as part of our process of membership selection.

The following particulars are required:

1. Have you played Golf? **YES / NO** Have you played Pitch & Putt? **YES /NO**
2. What is your current handicap (if any)? _____
3. What is your Pitch & Putt handicap? _____
3. Have you previously been a member of this club? **YES / NO**

If **YES** Dates: _____

4. Are you, or have you been a member of any other Golf Club? **YES / NO**
If so, give details here:

Club: _____ Years: _____ / _____ Lowest Handicap: _____

Club: _____ Years: _____ Lowest Handicap: _____

5. Type of Membership required: **Overseas Member**

Full Membership _____ :: **Country Membership** _____ :: **Distant Membership** _____

Junior Member _____ :: **Family Membership** _____ :: **Pavilion Member** _____

6. Signature of Candidate: _____ Date: _____

7. **Proposer/Secunder:**

The above named candidate is personally known to us and we believe him / her to be a suitable person to be elected a member of Cahir Park Golf Club.

Signature of Proposer: _____

Print Name: _____

Signature of Secunder: _____

Print Name: _____