**Membership Application Form**

(Complete in Block Capitals)

|  |  |
| --- | --- |
| Category |  |
| Name |  |
| Address |  |
| Date of Birth |  |
| Telephone |  |
| Email |  |
| Present Golf Club |  |
| Previous Golf Club |  |
| Previous Experience |  |
| Current Handicap:(Cert required) |  |
| Proposed By:(Current member of Ballinamore GC) |  |
|  Application for 3rd Level Student rate must include copy of student card.Declaration of ApplicantI declare that no application made by me to a golf club has been declined.Should my application for membership be successful, I undertake to make myself acquainted with the Rules and Byelaws of Ballinamore Golf Club and the Rules and etiquette of the game of golf. |
| Signature |  |
| Date |  |
| Payment Included | €  |
|  |
| **TO BE COMPLETED FOR ALL UNDER 18 APPLICATIONS** |
| Parent/ Guardian Name |  |
| Parent/ Guardian Contact Phone No |  |