



Baltinglass Golf Club

Baltinglass, Co. Wicklow

Telephone: (059) 6481350

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APPLICATION FOR MEMBERSHIP

NAME Web: www.baltinglassgolfclub.ie

ADDRESS Email: baltinglassgolfclub@eircom.net

TELEPHONE..... DATE OF BIRTH

BUSINESS OR PROFESSION.....

BUSINESS ADDRESS.....

BUSINESS TELEPHONE..... FAX

SPOUSES NAME DATE OF BIRTH

JUVENILES NAME DATE OF BIRTH

..... DATE OF BIRTH

..... DATE OF BIRTH

TYPE OF MEMBERSHIP APPLIED FOR

HAVE YOU PREVIOUSLY BEEN A MEMBER OF A GOLF CLUB ?

IF SO NAME OF CLUB[S]

HANDICAP AT TIME OF LEAVING LOWEST EVER HANDICAP

REASON FOR LEAVING PREVIOUS CLUB

ARE YOU NOW OR HAVE YOU EVER BEEN A MEMBER OF A PITCH & PUTT CLUB ?

IF SO NAME OF CLUB[S] HANDICAP

IF ELECTED HOW OFTEN MIGHT YOU PLAY GOLF

ON WHICH DAYS

ARE YOU IN A POSITION TO ACQUIRE SPONSORSHIP FOR THE CLUB

DO YOU FULLY ACCEPT THE RULE THAT THE NON-PAYMENT OF ANNUAL SUBSCRIPTIONS, LEVIES OR DUES ON OR BEFORE 1ST

JANUARY EACH YEAR YOU ARE DEEMED TO HAVE RESIGNED YOUR MEMBERSHIP AND THAT THE CLUB ARE ENTITLED TO ELECT

ANOTHER MEMBER IN YOUR PLACE

DO YOU AGREE TO FULLY FAMILIARISE YOURSELF WITH CLUB RULES, ETIQUETTE AND DISCIPLINARY PROCEDURES AND

ACCEPT AND OBSERVE THEM FULLY

SIGNATURE.....

PROPOSERS NAME SIGNATURE

PROPOSERS ADDRESS

SECONDRS NAME SIGNATURE

SECONDRS ADDRESS

NB:- PROPOSER AND SECONDER MUST HAVE A MINIMUM OF TWO YEARS MEMBERSHIP

On being accepted as a member I agree to be bound by the rules and regulations of Baltinglass Golf Club

