



# Claremorris Golf Club.

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## MEMBERSHIP APPLICATION FORM (To be processed at our next committee meeting.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date of Birth: \_\_\_\_\_

Mobile No. \_\_\_\_\_ (parents Mobile Number if Under 18)

E-mail: \_\_\_\_\_ (parents E-Mail address if Under 18)

Golf Handicap (if any): \_\_\_\_\_

Other Golf Club Membership (if any): \_\_\_\_\_

### *Membership Applied For: Please Tick*

<b>Full</b>	<b>€600</b>	<input type="checkbox"/>	<b>Full (Cat B) **</b>	<b>€250</b>	<input type="checkbox"/>
<b>Couple</b>	<b>€1080</b>	<input type="checkbox"/>	<b>Country (15 mile radius)</b>	<b>€250</b>	<input type="checkbox"/>
<b>Beginner (1st year)</b>	<b>€250</b>	<input type="checkbox"/>	<b>Intermediate (18 to 24 yrs)</b>	<b>€250</b>	<input type="checkbox"/>
<b>Beginner (2<sup>nd</sup> year)</b>	<b>€400</b>	<input type="checkbox"/>	<b>Junior (under 18 yrs)</b>	<b>€80</b>	<input type="checkbox"/>
<b>Beginner (3<sup>rd</sup> year)</b>	<b>€500</b>	<input type="checkbox"/>			

**New to Golf Gents and Ladies please contact the club**

**All Membership valid to the 30th of September. Renewal due 1st October each year**

*Signature of Applicant* \_\_\_\_\_ *Date* \_\_\_\_\_

*Signature of Proposing Member* \_\_\_\_\_

*Signature of Seconding Member* \_\_\_\_\_

### FOR OFFICE USE ONLY

<b>Passed By:</b> _____	<b>Committee</b>	<b>Date</b> _____
<b>Signed :</b> _____		<b>Secretary</b>