



Phone: 094-9371527

E-mail - [info@claremorrisgolfclub.com](mailto:info@claremorrisgolfclub.com)

## Claremorris Golf Club.

### MEMBERSHIP APPLICATION FORM 2021.

(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*

Full	€725	<input type="checkbox"/>	Full (Cat B) **	€250	<input type="checkbox"/>
Couple	€1187	<input type="checkbox"/>	Country (15-mile radius)	€250	<input type="checkbox"/>
Beginner (1 <sup>st</sup> Year)	€300	<input type="checkbox"/>	Intermediate (18 to 24 yrs)	€190	<input type="checkbox"/>
Beginner (2 <sup>nd</sup> Year)	€400	<input type="checkbox"/>	Junior National School	€60	<input type="checkbox"/>
			Junior Secondary School	€90	<input type="checkbox"/>
Beginner (3 <sup>rd</sup> Year)	€500	<input type="checkbox"/>	<i>Other</i>		
Beginner (4 <sup>th</sup> Year)	€600	<input type="checkbox"/>	<i>Covid 19 Offer to Dec 31<sup>st</sup> 2021</i>	€250	<input type="checkbox"/>
			<i>Covid 19 Offer to Dec 31<sup>st</sup> 2022</i>	€500	<input type="checkbox"/>

**\*\* Cat B (outside Connacht).**

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

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

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

#### FOR OFFICE USE ONLY

Passed By: _____	Committee	Date _____
Signed : _____		Secretary