



**Castlecomer Golf**

*Drumgoole, Castlecomer, Co. Kilkenny*

T: +353(0)564441139 info@castlecomergolf.ie

## Application for membership

Incomplete applications will not be considered - USE BLOCK CAPITALS

\_\_\_\_\_  
Name

Home Address

\_\_\_\_\_  
\_\_\_\_\_

Telephone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_

Email: \_\_\_\_\_

Wish to apply for \_\_\_\_\_ Membership of Castlecomer Golf Club on this  
State category of membership

date \_\_\_\_\_ Previous /

Present Club \_\_\_\_\_ Handicap \_\_\_\_\_

Date of Birth of Applicant \_\_\_\_\_

Student Membership - Name of College \_\_\_\_\_

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

We use the information above to allow us to fulfil our contractual obligations to you as a member in accordance with our club's rules/constitution. We would also like to be able to correspond with you regarding our club's activities and in order for us to carry out this process we require you to positively **opt out** by ticking the boxes below. If you are not happy for us to communicate with you regarding additional club activities via any of the following means. Please tick the relevant box below.

Electronically

Telephone

I certify that I am personally acquainted with the applicant and I consider him / her eligible for membership. I undertake to ensure applicant is acquainted with Rules of Golf and etiquette

Signature of Proposer \_\_\_\_\_ / \_\_\_\_\_  
Name in Block Capitals

Signature of Proposer \_\_\_\_\_ / \_\_\_\_\_  
Name in Block Capitals