

East Clare Golf Club

Bodyke, Co. Clare. Tel. (061) 921322

APPLICATION FOR MEMBERSHIP TO CLUB

NAME : _____
ADDRESS : _____

E-Mail Address _____ D.O.B _____

TEL NO. HOME : _____ TEL NO. WORK : _____

Are you or have you held Membership of a Golf Club ? Yes / No Are you a member of a Golfing Society? Yes / No

If "Yes" , Name of Club/Society _____ Handicap _____
Please forward handicap certificate from previous Club and state if you wish East Clare Golf Club to be your "Home Club".

SECOND FULL MEMBER :-

NAME : _____
ADDRESS : _____

TEL NO. HOME : _____ TEL NO. WORK : _____ DOB: _____

Are you or have you held Membership of a Golf Club or Society? Yes / No

If "Yes" , Name of Club / Society _____ Handicap _____
Please forward handicap certificate from previous Club and state if you wish East Clare Golf Club to be your "Home Club".

JUNIOR MEMBERS :-

NAME : _____ DOB : _____
NAME : _____ DOB : _____
NAME : _____ DOB : _____

Name and address of 3rd Level Education of Over-18 Junior Members

Applicants Signature : _____ Date : _____

1. Name of Applicant : _____

We the undersigned wish to propose the above mentioned, whose permanent address
is _____
for membership of the Club, as prescribed under the Constitution.

Proposed : _____ (Print Name) Seconded : _____ (Print Name)

2. Name of Second full Member : _____

We the undersigned wish to propose the above mentioned, whose permanent address
is _____
for membership of the Club, as prescribed under the Constitution.

Proposed : _____ (Print Name) Seconded : _____ (Print Name)

3. Name of Junior (s) _____

Proposed : _____ (Signature) Seconded : _____ (Signature)

Passed by Committee : _____ Date : _____