

# Arklow Golf Club

## MEMBERSHIP APPLICATION FORM

### APPLICANT DETAILS

NAME: Mrs.	DATE OF BIRTH:		
ADDRESS:	ARE YOU CURRENTLY A MEMBER OF A GOLF CLUB?	YES	
		NO	
EMAIL:	IF YES, CLUB NAME :		
	GUI / ILGU CARD NO. :		
MOBILE:	CURRENT HANDICAP:		
	IF YES, WILL THAT CLUB REMAIN YOUR HOME CLUB?	YES	
		NO	

***Please supply ALL of the above information***

Arklow Golf Club has a contact messaging system. The Club will send emails/text messages to members about course information, closures, events etc. Arklow Golf Club reserves the right to send emails and text messages to members.

### MEMBERSHIP CATEGORY

<i>I the undersigned wish to apply for: PLEASE TICK THE APPROPRIATE BOX</i>	
FULL MEMBER	
5 DAY MEMBER	
DISTANCE MEMBER	
OVERSEAS	
OTHER (PROVIDE DETAILS)	

### DECLARATION TO BE SIGNED BY THE APPLICANT

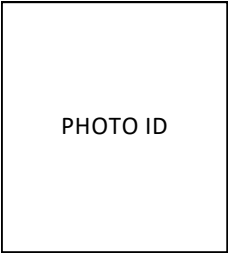
**I the undersigned wish to apply for annual membership of Arklow Golf Club. I agree that this application for membership shall not be binding on Arklow Golf Club until the application has been approved and the appropriate finance terms has been agreed upon.**

**By signing below, you agree to the terms outlined in the Constitution of Arklow Golf Club and confirm that you have read the Club Code of Conduct and understand that it describes the conduct and behaviour expected of you as a member of Arklow Golf Club.**

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

Print Name of Applicant : \_\_\_\_\_

Date of Signature : \_\_\_\_\_



# Arklow Golf Club

Display Date : \_\_\_\_\_

**THIS PART IS DISPLAYED ON THE CLUB NOTICE BOARD FOR 2 WEEKS**

## APPLICANT DETAILS

NAME:		ADDRESS:	
MEMBERSHIP CATEGORY:			
REASON FOR JOINING ARKLOW GOLF CLUB?			
SIGNATURE:		DATE:	

## PROPOSER / SECONDER DETAILS

**BOTH PROPOSER AND SECONDER MUST BE MEMBERS OF ARKLOW GOLF CLUB FOR AT LEAST ONE YEAR.  
THIS SECTION MUST BE SIGNED BY BOTH THE PROPOSER AND SECONDER**

PROPOSER: (Print name)		PROPOSER SIGNATURE:	
SECONDER: (Print name)		SECONDER SIGNATURE:	
REVIEWED BY:  (CLUB ADMIN)			DATE