

Stackstown Golf Club

Application for Membership

1 Membership category being applied for: Full 6-Day 5-Day Juvenile/ Minor Pavillion

2 Title: Mr Ms Mrs

3 Name:

4 Address:

5 Daytime telephone:

6 E-mail:

7 Occupation:

8 Date of birth: dd mm yyyy

9 References:

Please name up to three members of the Club known to you, if any:

Please name any member of An Garda Siochan known to you, if any:

Telephone nubmber:

Telephone number:

Telephone number:

10 Membership of previous Clubs, if any:

11 Handicap:

12 *If elected, I agree to be bound by and to observe all the Rules and Regulations of the Club during my Membership*

13 Signed:

14 Dated: dd mm yyyy