



Stackstown Golf Club

Membership Application Form

PLEASE USE BLOCK CAPITALS AND COMPLETE BOTH SIDES

Sections	Details
Full Name: (BLOCK CAPITALS)	
Date of Birth: (DD/MM/YYYY)	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Email: (BLOCK CAPITALS)	
Address:	
Day Time Phone Number:	
Mobile Phone Number:	
Membership Category: <i>Please tick applying option</i>	<i>Full Membership</i> <input type="radio"/> <i>6-Day</i> <input type="radio"/> <i>5-Day</i> <input type="radio"/> <i>Pavilion</i> <input type="radio"/> <i>Student (up to 25y age)</i> <input type="radio"/> <i>Please supply Student ID</i>
Stackstown Club Members Known:	
Previous Golf Club:	
Previous GI Number:	
Previous Handicap: (Lowest/ Highest)	
Previous Golfing Experience:	

Proposer and Secondar IF LEFT BLANK YOUR FORM CANNOT BE ACCEPTED

(both must be current FULL Members of Stackstown and playing Members for at least 2 years)

Proposer - Printed Name & GI No.	
Proposer - Signature	
Relationship to Applicant	

Secondar - Printed Name & GI No.	
Secondar - Signature	
Relationship to Applicant	



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Information gathered via this application is strictly for club use and associated golf bodies, e.g. Golf Ireland, handicap and membership systems, and is not shared with any third party.

*Your name and partial address will be displayed in the Club for a period of 7 (seven) days prior to your application being considered by the **Management Committee**. Please tick here that you consent to your limited data being shared this way. ☐*

Note: The Allotment of Handicap at Stackstown Golf Club is the responsibility of the Handicap Committee who will advise you of the procedures to obtain a handicap in accordance with Clause 16 of the World Handicap System.

If you have not yet met our Management Team, they will be in touch with you to arrange an interview at a later date.

If elected, I agree to be bound by and to observe all Rules and Regulations of Stackstown Golf Club during my Membership.

Signed: _____

Date: _____