



FORM OF APPLICATION FOR MEMBERSHIP

Name and full postal address to be completed in **Block Capitals**

I _____

of _____ Eircode _____

Tel no _____ Mobile _____

Print Email _____

Hereby apply for membership of Rathdowney Golf Club. I agree to be bound by the Constitution of the Club and the rules and decisions of the committee.

Have you ever been a member of a golf club?

YES

NO

Golf Ireland Number (GI)

CLUB _____ HANDICAP INDEX _____

Type of membership required _____ (If U17 DOB) _____

Signature of applicant _____

I certify that I am personally acquainted with the applicant, and I consider him/her eligible and recommend him/her for membership

Signature of proposer _____

Signature of seconder _____

Date _____

**MEMBERSHIP FEE AND THE APPLICATION FORM TO BE SUBMITTED TO THE
HON SECRETARY, RATHDOWNEY GOLF CLUB, RATHDOWNEY, CO LAOIS**

Payment Method (Please Tick)

Cash	Card	Online	Cheque
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>