



**Clonakilty Golf Club**

Lisselan, Clonakilty P85 W132

Tel 023 8833552

Email: info@clonakiltygolfclub.ie

WWW.Clonakiltygolfclub.com

**Membership Application Form**

*Mr / Mrs / Ms (Please circle)*

Name (PRINT): .....

Address (PRINT): .....

.....

.....Post Code.....

Contact Mobile Number: .....

Contact Home Number: .....

Email Address: .....

(please write this clearly so we can forward emails to all members)

Date of Birth: .....

Are you (have you been) a member of Pitch and Putt club? YES NO

If 'YES' please state Handicap: .....

Please state name & address of golf clubs you have been a member of: .....

.....

.....

Do you have a Golf Ireland No ? (Tick Box) YES NO

If yes, please state your Handicap: .....

Golf Ireland (GUI/ILGU) 8 Digit No: .....

With which club?.....

Do you wish to have your Golf Union Handicap with Clonakilty Golf Club? .....

**Proposed by (Member): Seconded by (Member):**

Name: ..... Name: .....

Address: ..... Address: .....

Tel. No.: ..... Tel. No.: .....

***I hereby confirm all information supplied above to be accurate and truthful.***

***I agree to abide by the Rules of Clonakilty Golf Club***

Signed: ..... Date: .....

<b>Bank Details: Clon GC</b>
Allied Irish Bank , Clonakilty
Sort Code 93- 60- 57
Account Name: Clonakilty Golf Club
Account No: 14105073
IBAN: IE72 AIBK 936057 14105073
BIC: AIBKIE2D