



MOUNTBELLEW GOLF CLUB



Shankill, Mountbellew, Ballinasloe, Co. Galway
Phone: 090 9679259 | Email: mountbellewgc@gmail.com | Website: www.MountbellewGolfClub.ie

Captain: Michael Conneally | Lady Captain: Anne-Marie Murray | President: Stephen King

MEMBERSHIP APPLICATION FORM

To Be Processed At Next Committee Meeting

Please use **BLOCK CAPITALS**

PERSONAL DETAILS:				
SURNAME:		FIRST NAME:		MIDDLE NAME:
ADDRESS:				
D.O.B.:	MOBILE NO:	HOME NO:	E-MAIL:	
CATEGORY SOUGHT:				
Full <input type="checkbox"/>	Husband & Wife <input type="checkbox"/>	Country <input type="checkbox"/>	5 Day <input type="checkbox"/>	3 rd Level <input type="checkbox"/>
Distance <input type="checkbox"/>	Long Distance <input type="checkbox"/>	Overseas <input type="checkbox"/>	Beginner <input type="checkbox"/>	Junior <input type="checkbox"/>

- In the case of "Country Membership" you must be a Full member of another club.
- In the case of "Distance Membership" you must reside a minimum of 30km from the club.
- In the case of "Long Distance Membership" you must reside a minimum of 100km from the club.
Evidence of main place of residence is required for both Distance & Long Distance . (2 Service Bills)
- Are you a member of another club? _____ If Yes: Club Name _____
- If Yes to "4" above: is Mountbellew to control your handicap, be your HOME club? _____
- If Yes to "4" above: please furnish your 8 digit Golfnet card number _____
- I undertake to abide by the Rules of Golf and of Mountbellew Golf Club.
- I agree to abide by the Irish Anti-Doping Rules.

Signature of Applicant: _____ Date: _____

Signature of Proposing Member: _____

Signature of Seconding Member: _____

<u>FOR OFFICE USE ONLY</u>	
PASSED BY:	COMMITTEE.
DATE:	
SIGNED:	(SECRETARY)