



MOUNTBELLEW GOLF CLUB



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

Captain: Ray Moore | President: Des Kenny | Ladies Secretary: Anne Burke

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? _____
6. 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.
- Were you ever a member of a club before and did you ever hold a handicap? _____

Signature of Applicant: _____ Date: _____

Signature of Proposing Member: _____

Signature of Seconding Member: _____

FOR OFFICE USE ONLY

PASSED BY: _____ COMMITTEE: _____

DATE: _____

SIGNED: _____ (SECRETARY)