



MOUNTBELLEW GOLF CLUB



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

MEMBERSHIP APPLICATION FORM

Your application will be processed at the next Committee Meeting
BLOCK CAPITALS PLEASE

SURNAME:	FIRST NAME:	MIDDLE NAME:	
ADDRESS:			
D.O.B.:	MOBILE NO:	HOME NO:	E-MAIL:

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"/>

1. In the case of "Country Membership" you must be a Full member of another club.
2. In the case of "Distance Membership" you must reside a minimum of 50km from the club.
3. 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)
4. Are you a member of another club? _____ If Yes: Club Name _____
5. If Yes to "4" above: is Mountbellew to control your handicap, be your HOME club? _____
6. 6. If Yes to "4" above: please furnish your 8 digit Golfnet card number _____
7. I undertake to abide by the Rules of Golf and of Mountbellew Golf Club.
8. I agree to abide by the Irish Anti-Doping Rules.
9. 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: _____

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

