

MONKSTOWN GOLF CLUB



MEMBERSHIP APPLICATION FORM

Name (Print)
Application Date
Private Address
Mobile Number
Home Number
E-Mail Address
Occupation & Business Address
Date of Birth
If you are currently/were previously a member of a golf club, kindly state name of club & membership category
Current or Last Handicap
Proposed membership category
Club connections (if any) (Family/friends)
Name of proposer (Print)
Signature of proposer
Name of seconder (Print)
Signature of seconder
PLEASE NOTE: PROPOSER & SECONDER MUST BE ORDINARY MEMBERS OF THE CLUB
I HEREBY AGREE TO OBSERVE ALL THE RULES, REGULATIONS AND BYE-LAWS OF THE CLUB IN PLACE AND HEREBY UNDERTAKE AND AGREE TO ACCEPT THE DECISION OF THE COMMITTEE OF THE CLUB AS FINAL AND BINDING ON ME IN ALL RESPECTS. I AGREE TO ABIDE BY THE IRISH ANTI-DOPING RULES. I AGREE TO MY PERSONAL DATA BEING STORED AND PROCESSED BY THE CLUB IN WHATEVER MANNER THE CLUB CONSIDERS APPROPRIATE.
SIGNATURE OF APPLICANT:
SIGNATURE OF MANAGEMENT/ SALES & MARKETING COMMITTEE MEMBER: