Loughrea Golf Club

Graigue Loughrea

Tel: 091 841049 Fax: 091 847472 loughreagolfclub@eircom.net www.loughreagolfclub.com



APPLICATION FOR MEMBERSHIP

Type of Membership:	
Full Ordinary: Family: Stude	nt: Junior: Distant:
* Country * Please State Home Club:	
First Applicant:	
Name:	Telephone No: Date of Birth:
Address:	Mobile No: (Only to be completed
/ Addi ooo.	by Juniors & Students)
E-mail Address:	Handicap: Current Club:
	(please provide Handicap Certificate)
Second Applicant:	
Name:	Telephone No:
Address:	Mobile No:
E-mail Address:	Handicap: Current Club:
	(please provide Handicap Certificate)
Junior Family Members:	
Name:	Date of Birth: (dd/mm/yy)
Name:	Date of Birth: (dd/mm/yy) Date of Birth: (dd/mm/yy)
Other Golf Club Membership Details:	
Club(s):	Contact No:
Average Manufacture (1 average Handison)	
Away Members & Lapsed Handicaps:	
Please Specify which Club will be Your Home Club:	
If Lapsed Member, Please State: Last Handicap: Year of Last Handicap:	
Payment Method:	
Method of Payment: Cash: Cheque: E	Bank Draft: Credit Card: Standing Order:
Declaration:	
First Applicants Signature:	Date:
Second Applicants Signature:	Date:
We Confirm the above details to be correct, and we recommend applicant(s) for membership.	
Proposed By:	Seconded By:
Member	Member