

APPLICATION FOR NOMINATION AND ELECTION AS A NEW MEMBER OF GREENORE GOLF CLUB

FULL MEMBER	FIVE DAY	COUNTRY	OTHER CATEGORY ?
-------------	----------	---------	------------------

Name: _____ Occupation: _____
 Address: _____ Date of Birth: _____
 : _____
 : _____
 : _____

	Greenore Mem. No. 3256
--	------------------------

Contact Numbers: Mob: _____ Home: _____
 Email: _____

Please Answer ALL QUESTIONS In This Section: Answer N/A If The Question Doesn't Apply.

Have you **ever** been a member of another Golf Club? _____ Name of Club _____
 If so, what was your last year of membership? _____ Other Club Membership No. _____
 What was your last handicap index? _____ What has been your lowest handicap? _____
 Are you remaining a member of another Club? _____ Name of Club _____

If you are remaining a member of more than one Club, the Club where you play most of your qualifying golf should be your home Club. Will Greenore be your home Club? _____

If you have never been a member of another Golf Club
 Have you ever played Society Golf? _____ Have you ever played Pitch & Putt? _____

If you have been a member of another club within the last three years, you must produce your previous membership number which will provide us with your handicap history.
If it has been longer than 3 years or Greenore is your first golf club, you must submit 3 scorecards to obtain a handicap index. In this case you are asked to play with one of our established members to mark your scorecard. Your scorecard must be dated, showing what tee markers you played from, and showing two signatures. The Markers signature should be readable. PLEASE READ NOTICES ON THE NOTICEBOARD.

Applicant Proposed By	Print Name	Signature
Proposed Application	Print Name	Signature
Seconded by		

Application for Membership must be proposed and seconded by two members of the Club
One of whom must be a Member of the Management Committee.

I agree for my contact details to be used for Golf Club Purposes _____
 "I agree to abide by the Irish Anti-Doping Rules" _____

An incomplete application will not be accepted.
Please check that you have completed this application fully. **I have checked** _____

Applicant's Signature: _____ Date: _____

*We are delighted that you chose to join us, and we hope that you become an active member of the Club.
 Please approach Robert our Operations Manager who will guide you through new membership introduction and set-up.*

We use all the information supplied on our Membership Application Form to allow us to fulfil our Contractual obligations to you as a Member of our Club in accordance with our Club Rules/Constitution. This information is only used in accordance with our Privacy Policy (See Club Website)

We would like to be able to correspond with you regarding our club's activities/competitions and in order for us to carry out this processing we require you to positively opt in by completing the boxes below:-

I am happy for you to communicate with me regarding Club Activities by the following method:-

Post	Email	Telephone (Landline)	Mobile Telephone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Should you leave the club we would like to continue to hold your personal data so that we may contact you with details of future membership offers.

If you agree to us retaining your personal data for this purpose please tick the box:-

I understand that should my membership application be successful I will be bound by the Club's Rules/Articles/Constitution.

Signed: _____