

TULLAMORE GOLF CLUB

Membership Application Form

Full Name:	
Address:	
Date of Birth:	Telephone number:
Email Address:	
	(By providing your email you agree to receive communications by email from the club)
Category of Men	nbership required: (please tick as appropriate)
Full 🗆	Intermediate Student* Country* Distance Introductory
Present Club (if a	any):
Current Handica	p (if any): CDH Number:
*Student	Application Please confirm name of College you are attending (Provide copy of Student ID with this application)
**Country /	Application Name of affiliated club where you are a member
Please note:	
 Applican The lodg Tullamor The due four wee 	o provide full and accurate information will result in your application being returned or refused ts may be requested to supply additional information and/or attend for interview ement of this application form does not establish any order from which new members may be appointed re Golf Club has the right to refuse membership and is not obliged to give reasons date for payment of the initial subscription, levies, fees and other charges, as appropriate, shall be a date not later than eks from the date of notification of acceptance as a member members are required to supply proof of address
	accept the above conditions and hereby apply to be considered for the membership category as indicated a abide by the Rules of Golf Ireland.
Signed:	Date:
Proposer and Se	conder for applicants must be Full Members of Tullamore Golf Club (or Associate Lady Members)
Male Applicant –	- Two male members Female Applicant – Two Female members
Proposer's Signa	ture: Name in Block Capitals:
Seconder's Signa	ture: Name in Block Capitals:
Proposer's comn	nents:
	er and seconder of a successful new applicant are each responsible for their introduction to the Club, and it is also their nsure that the new member has adequate knowledge of the etiquette of golf.

Applications to: Honorary Secretary, Tullamore Golf Club, Brookfield, Tullamore, Co. Offaly