

TULLAMORE GOLF CLUB Junior Membership Application Form

Full Na	me:				
Address	s:				
Date of	Birth:	Parent/ Guardian Full Name:			
Email A	.ddress (Parent/ guardian)	!			
Telepho	one (Home – Parent/ gu	nrdian):	Mobile (Parent/ guardian):		
Previou	is experience, if any				
Golf Clu	ıb:	Handicap (if any):	Pitch n Putt Club:	Handicap (if any):	
Terms a	and conditions of Junior	Membership Applicants			
4. 5. 6. 7. Signed:	Tullamore Golf Club has to The due date for paymen weeks from the date of n Junior members who recohandicap purposes and to Applicants on being elect and parent/guardian. The I have read and accept indicated above. I agree	lodgement of this application form does not establish any order from which new members may be appointed amore Golf Club has the right to refuse membership and is not obliged to give reasons due date for payment of the initial subscription, levies, fees and other charges, as appropriate, shall be a date not later than foucks from the date of notification of acceptance as a member or members who receive coaching from Tullamore Golf Club will be obliged to nominate the club as their HOME CLUB for dicap purposes and to commit themselves to representing the Club on teams, when selected dicants on being elected as junior members will be obliged to attend an INTRODUCTION MEETING with their proposer, seconder parent/guardian. The dates for such meetings will be advised by the Junior Convenor. Inverse and accept the above conditions and hereby apply to be considered for the membership category as icated above. I agree to abide by the Rules of Golf Ireland. Date: Date:			
Parent/	Guardian Declaration:				
activities				to the above child participating in golf correct and I will inform the club of any	
Yes/No	consent for my child to participate and travel to all activities including team events as may be organised by the club.				
Yes/No	I consent to receive appr	nt to receive appropriate communication through text or email from the Club on behalf of my child.			
Yes/No	I consent to photograph	consent to photographs/videos of my child being taken during or at golf events and consent to these being used in the promotion			
	of golf including on socia	l media.			
Signatu	re of parent/ guardian:			Date:	
-	er and Seconder for app plicant – Two male membe		nbers of Tullamore Golf Club (or a	Associate Lady Members).	
Proposer's Signature:			Name in Block Capitals:		
Seconder's Signature:			Name in Block Capitals:		
Propose					
NOTE: T	he proposer and seconder	of a successful new applican	t are each responsible for their intro	oduction to the Club, and it is also their	

responsibility to ensure that the new member has adequate knowledge of the etiquette of golf.

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

Telephone: 057 9321439 Email: info@tullamoregolfclub.ie Website: www.tullamoregolfclub.ie