

Completed Application Forms should be forwarded to The Hon. Secretary at Skerries Golf Club

> Hacketstown Skerries Co Dublin

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SKERRIES GOLF CLUB



APPLICATION FORM FOR MEMBERSHIP

Hacketstown, Skerries, Co. Dublin

01-849 1567 ext. 4



Passport Photo

Here

SKERRIES GOLF CLUB MEMBERSHIP APPLICATION FORM

WORK ADDRESS: How did you hear about our New Membership Offer? Signature SECONDED BY Signature bership I wish to apply for Full, 5 Day, Intermediate (19 - 33 years of age), Country, Overseas, Pavilion Mem-OCCUPATION: If accepted as a member, I wish my name and contact details above to be included in the Members Section of the Club Website YES__/NO___ Please indicate. PROPOSED BY: **Applicants Signature** Membership of Skerries Golf Club and hereby agree to verification of the above information. Declaration: TEL NO.: ADDRESS: NAME: 12 months and /or a handicap certificate from the club. Please state lowest playing h'cap if applicable Information meeting Acknowledged Application received Club/Society/Casual Member of Golf (List all) If transferring from another Golf Club please attach a copy of your Handicap record for the last Including level (i.e. casual, team, club, county, national, international) **Golf Experience** Other Sports played and Achievements: Please list below (Please circle category of membership you are applying for) From /(Please use BLOCK capitals except for Signatures) Subscription paid Notified Diary & Bag Tag supplied / History (<u>Includes Pitch & Putt, Societies, etc</u>) To (BLOCK CAPITALS). I have known the applicant for (BLOCK CAPITALS). I have known the applicant for Handicap E-MAIL TEL NO: Number 3 Date Date Date: New members night invite Registered Introduced to Mentor DATE OF BIRTH Experience Team position(s) held Prizes Won/ Committee years years

New Members Booklet

Reg No. & Year