



NENAGH GOLF CLUB - APPLICATION FOR MEMBERSHIP

FAMILY MEMBERSHIP

1. APPLICANTS INFORMATION

APPLICANT 1:

NAME: _____ GENDER: MALE FEMALE OTHER

DATE OF BIRTH: DD/MM/YYYY OCCUPATION: _____

HOME ADDRESS: _____ HOME PHONE: _____

MOBILE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME : _____ EMERGENCY CONTACT NUMBER: _____

APPLICANT 2:

NAME: _____ GENDER: MALE FEMALE OTHER

DATE OF BIRTH: DD/MM/YYYY OCCUPATION: _____

HOME ADDRESS: _____ HOME PHONE: _____

MOBILE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT NAME : _____ EMERGENCY CONTACT NUMBER: _____

2. MEMBERSHIP OF OTHER CLUBS

HAVE YOU PREVIOUSLY BEEN A MEMBER OF NENAGH GOLF CLUB? YES NO

ARE YOU, OR HAVE YOU BEEN A MEMBER OF ANY OTHER CLUB? YES NO

IF YOU ANSWERED YES TO EITHER OF THE ABOVE QUESTIONS PLEASE COMPLETE THE REMAINDER OF SECTION 2.

CLUB NAME: _____ MEMBERSHIP CATEGORY: _____

DATE OF MEMBERSHIP: FROM: DD/MM/YYYY TO: DD/MM/YYYY

GOLF IRELAND NO (1): _____ HANDICAP INDEX: _____ HANDICAP HOME: _____

GOLF IRELAND NO (2): _____ HANDICAP INDEX: _____ HANDICAP HOME: _____

TRANSFER HANDICAP TO NENAGH GOLF CLUB? APP 1: YES NO APP 2: YES NO

ANY OTHER INFORMATION RELEVANT TO YOUR APPLICATION?

3. MEMBERSHIP TYPE: FAMILY

(Proof of status may be requested by Management)

APPLICANTS ARE: MARRIED IN A CIVIL PARTNERSHIP

4. PROPOSERS

PLEASE NOTE, THAT APPLICANTS SEEKING MEMBERSHIP MUST BE PROPOSED BY TWO MEMBERS WHO ARE ACQUAINTED WITH THE APPLICANT. TWO REFERENCES MUST ALSO BE PROVIDED IF THE APPLICANT IS UNKNOWN TO NENAGH GOLF CLUB. APPLICATIONS WILL BE POSTED ON BOTH THE MEN'S AND WOMEN'S NOTICE BOARD WHEN RECEIVED. COMPLETED APPLICATION FORMS WILL BE SUBMITTED TO THE COMMITTEE OF MANAGEMENT FOR APPROVAL. MANAGEMENT WILL DECIDE BY SECRET BALLOT ON APPLICATIONS RECEIVED FOR MEMBERSHIP EACH MONTH UNTIL THE 31 AUGUST EACH YEAR. A FOUR/FIFTHS MAJORITY VOTE OF ALL MEMBERS PRESENT IS REQUIRED FOR ELECTION. ALL INCREASES IN MEMBERSHIP WILL BE SUBJECT TO THE AGREED LIMITATIONS AS TO THE NUMBER OF MEMBERS ELECTABLE TO THE DIFFERENT CATEGORIES.

PROPOSER: _____ SIGNATURE: _____
(BLOCK CAPITALS)

SECONDER: _____ SIGNATURE: _____
(BLOCK CAPITALS)

5. USE OF PERSONAL INFORMATION

WE USE THE ABOVE INFORMATION ABOVE TO ALLOW US TO FULFIL OUR CONTRACTUAL OBLIGATIONS TO YOU AS A MEMBER IN ACCORDANCE WITH OUR CLUB'S ARTICLES/RULES/CONSTITUTION. WE SHARE THIS INFORMATION WITH OUR EXTERNAL AND INTERNAL DATA PROCESSORS WHO ADHERE TO OUR PRIVACY POLICY.

WE WOULD ALSO LIKE TO BE ABLE TO COMMUNICATE WITH YOU REGARDING OUR CLUB'S ACTIVITIES AND IN ORDER FOR US TO CARRY OUT THIS PROCESS, WE REQUIRE YOU TO POSITIVELY OPT IN BY COMPLETING THE BOXES BELOW.

I AM HAPPY FOR YOU TO COMMUNICATE WITH ME REGARDING ADDITIONAL CLUB ACTIVITIES VIA THE FOLLOWING MEANS (TICK IF SAME AS ABOVE):

EMAIL: _____ ADDRESS: _____
TELEPHONE: _____
MOBILE: _____

WE MAY ALSO WISH TO SHARE YOUR INFORMATION WITH THE PRO SHOP SO THAT THEY MAY SEND YOU INFORMATION ABOUT THEIR PRODUCTS AND SERVICES BY EMAIL. IF YOU DO NOT AGREE TO YOUR INFORMATION BEING SHARED IN THIS WAY, PLEASE TICK THE BOX:

I CONFIRM THAT I AM OVER THE AGE OF 18 AND HAVE READ, UNDERSTOOD, AND AGREE WITH THE WAY MY DATA WILL BE USED BY NENAGH GOLF CLUB.

SIGNATURE: _____ DATE: DD/MM/YYYY

5. DECLARATION

I UNDERSTAND THAT SHOULD MY APPLICATION BE SUCCESSFUL, I WILL BE BOUND BY THE CLUB'S ARTICLES, RULES & CONSTITUTION.

NAME: _____
(BLOCK CAPITALS)

SIGNATURE: _____

DATE OF APPLICATION: DD/MM/YYYY

FOR OFFICE USE ONLY		PAYMENT	
DATE ELECTED: <u>DD</u> / <u>MM</u> / <u>YYYY</u>	SUB DUE € _____	PAID IN FULL <input type="checkbox"/>	
NEW MEMBER LETTER SENT: <u>DD</u> / <u>MM</u> / <u>YYYY</u>		DATE PAID: <u>DD</u> / <u>MM</u> / <u>YYYY</u>	
ADDED TO CLUB SYSTEM <input type="checkbox"/>	GI <input type="checkbox"/>	MAIL <input type="checkbox"/>	PAYMENT PLAN <input type="checkbox"/> NO. OF MONTHS 6 / 8
GI No (1): <u>137</u>	DATE REC. <u>DD</u> / <u>MM</u> / <u>YYYY</u>	START DATE: <u>DD</u> / <u>MM</u> / <u>YYYY</u>	
GI No (2): <u>137</u>	DATE REC. <u>DD</u> / <u>MM</u> / <u>YYYY</u>	END DATE: <u>DD</u> / <u>MM</u> / <u>YYYY</u>	