



Abbeyfeale Golf Club, Membership Application Form

This Application must be accompanied by the relevant Annual Subscription / Entrance Fee. The Application will then be posted on the Club Notice board for a period of 14 days prior to consideration at a Committee Meeting, which is normally held on the first Monday of every month. **Incomplete Applications will not be processed.**

Type of Membership required (*please tick as appropriate*)

Full _____ Husband & Wife _____ Student _____
Junior _____ Country/Overseas _____ Social _____ Other _____

Please use Block Capitals

Name _____

Home Address _____

Tel No (H) _____ Tel.No(W/M) _____

Correspondence Address if Different _____

Email _____

Current or Past Membership of Golf Club(s) /Pitch &Putt Club(s)/ Golf Society(s)

Name Of Club	Union # (Full 8 Digits)	Period of Membership	Membership Category
1.			
2.			
3.			

(Juniors)

Date Of Birth _____

Parent/Guardian Names & Contact Telephone Numbers _____

Name of School/College (Ref. Juniors/Student Applicants) _____

Signature of Proposer _____ Signature of Seconder _____

Print Name _____ Print Name _____

I hereby agree to comply with all the Rules of Abbeyfeale Golf Club, and I acknowledge the right of the Committee to make whatever decisions are in the best interest of the Club.

Signature of Applicant _____ Date _____