



Tramore Golf Club

Phone: 051 - 386170

Email: info@tramoregolfclub.com

Newtown, Tramore, Co. Waterford X91 RF2C

APPLICATION FOR MEMBERSHIP

Incomplete applications may be returned & inaccurate applications may render your application void. Please complete using BLOCK CAPITALS where appropriate. Applicants may be requested to provide further information or attend for interview. Tramore GC has the right to refuse applications and is not obliged to give reasons for same.

SECTION A (TO BE COMPLETED BY APPLICANT)

Full Name: _____

Address: _____

Eircode: _____

Home Phone: _____

Date of Birth: _____

Mobile Number: _____

Email Address: _____

Note: By providing your telephone and email details, you agree to receive correspondence from the club by these means.

TYPE OF MEMBERSHIP REQUIRED: (PLEASE TICK APPROPRIATE BOX)

(a) Gent

(b) Lady

(c) Distance

(d) Intermediate

(e) Other

Golfing Experience (if any): _____

Specify: _____

Current / Previous Club(s) / Societies: _____

Period of Membership: _____

Handicap Index: _____

Society Handicap: _____

Pitch & Putt Experience (if any)

Name of Club(s): _____

Period of Membership: _____

Handicap Range: _____

Other sporting activities

(Please list other sports, activities and clubs you have been associated with)

Have you been paying green fees in Tramore Golf Club:

Yes / No

How often per year approximately?

0-10 / 11-19 / 20-29 / over 30

Are you familiar with the standard of conduct and rules of golf:

Yes / No

Your privacy is of the highest importance to us, and we will never release your personal details to any third party without your express consent. When you complete this membership application, certain personal information is collected from you. This information is held securely by TGC which endeavours to comply with all applicable Data Protection and Consumer Regulations and will treat all your personal information as confidential.

I certify that the above details are correct

Signed: _____

Date: _____

Pass this form to your proposer who will return it to the secretary

SECTION B (TO BE COMPLETED BY THE PROPOSER)

Proposer's Name: _____

Address: _____

Home Phone: _____ **Mobile No:** _____

GI Number: _____

How long have you known applicant? _____

In what capacity? _____

Have you played golf with him/her? _____

How often? (approximately) _____

Is he/she familiar with the standard of conduct and rules of golf? **YES / NO**

The membership sub-committee may request you to attend one of its meetings to confirm recognition of the applicant.

Are you willing to do this? YES / NO

It is presumed that the proposer will take the initiative in seeing that a new member is introduced properly to our club and that he/she is familiar with all local rules etc.

Are you willing to do this? YES / NO

Signed: _____ **Date:** _____

SECTION C (TO BE COMPLETED BY THE SECONDER)

Seconder's Name: _____

Address: _____

Home Phone: _____ **Mobile No:** _____

GI Number: _____

How long have you known applicant? _____

In what capacity? _____

Have you played golf with him/her? _____

Do you consider that he/she will be a suitable member of our club? **YES / NO**

Signed: _____ **Date:** _____

OFFICE USE ONLY

Received by: _____ **Date:** _____

Golf Irl No: _____ **Club V1: Yes**

Offer Applied: _____