



Rosslare Golf Club Membership Application Form

I wish to apply for membership of Rosslare Golf Club and if elected, I agree to abide by the Constitution and all the Rules, Regulations and Bye-Laws of the Club.

Type of Membership (Please circle)

FULL

BURROW

PAVILION

Personal Information: -

Name: _____

Address: _____

Postcode: _____ Home Phone No: _____ Mobile: _____

Email: _____ Date of Birth: _____

Occupation: _____

Are you happy to receive communication by email?

YES

NO

☐☐

HOW DID YOU HEAR ABOUT US?

FACEBOOK___ GOOGLE___ WEBSITE___ FRIEND/MEMBER___ NEWSPAPER/MAGAZINE___

OTHER (Please state) _____

IS ROSSLARE TO BE YOUR HOME CLUB

YES

NO

☐☐

ARE YOU CURRENTLY OR HAVE YOU EVER BEEN A MEMBER OF ANOTHER GOLF CLUB?

YES

☐

NO

☐

If yes please complete-

Name of Club: _____ Golf Ireland No: _____

Exact Current/Last Handicap: _____

GIVE BRIEF HISTORY OF SPORTING ACTIVITY:

SIGNATORIES:

(Application must be Proposed & Seconded by a Rosslare member who is a member for three or more years.)

Block Capitals

Signature

Date

APPLICANT: _____

PROPOSER: _____

SECONDER: _____

OFFICE USE ONLY

Date fee received: _____ Date on System: _____ Rosslare GI No: _____