



Rosslare Golf Links

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 tick): Full ☐ Burrow ☐ Pavilion ☐

Personal Information: Name: _____

Address: _____ Postcode: _____

DOB: ____/____/____ Home Phone No.: _____ Mobile No.: _____

Email: _____ Occupation: _____

Are you happy to receive communication by email? Yes ☐ No ☐

Is Rosslare to be your home club? Yes ☐ No ☐

Are you or have you been a member of another club? Yes ☐ No ☐

If yes, please complete

Name of Club: _____

Golf Ireland No.: _____ Exact Current/ Last Handicap: _____

Give a 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:			
Secunder:			

How long have you known the person: _____ Is the person of good character? _____

Is there any reason they shouldn't be a member? _____

Has the person been subjected to any disciplinary actions in any other club? _____

Office use: Proposer contacted? ☐ Secunder contacted? ☐