



Coollattin Golf Club

Application for Membership

I _____ wish to apply for membership of Coollattin Golf Club
(BLOCK CAPITALS)

Please state the type of membership sought: **Full Lady/Gent, Student, Juvenile**

Type of Membership: _____

If Student or Juvenile please give your date of birth _____

Proposed by: _____
(BLOCK CAPITALS)

Seconded by: _____
(BLOCK CAPITALS)

I agree to abide by Irish Anti-Doping Rules.

Signature of Applicant: _____ **Date:** _____

Address: _____

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

Email _____

Present Handicap if any: Actual: _____ **Playing:** _____

If Coollattin is not your only club please give details of your home club for handicap purposes

N.B. All applications for membership must be approved by the committee

For Office Use Only

Date Received: _____ **Date Replied:** _____

Received by: _____