

Coollattin Golf Club
Application for Membership



Please complete this form using BLOCK CAPITALS.

I,

wish to apply for membership of Coollattin Golf Club in the category

(Full Member, Five Day, Overseas, Student, Juvenile, Family, Five Year, Life)

If Student or Juvenile, please give your date of birth

If Student, you must provide evidence of your student status.

Proposed by:

Seconded by:

By signing this application, I agree to abide by Irish Anti-Doping Rules.

Signature of Applicant:

Date:

Address:

Phone No:

Email

In making this application I agree that Coollattin Golf Club may record and use my contact details for the purpose of club communications.

Present Handicap if any:

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

N.B. All applications for membership are subject to approval by the committee

For Office Use Only

Date received				
Payment type	Full		D/D	
Golfnet		CDH ordered		BRS
Welcome pack				
Completed by				