



CARLOW GOLF CLUB APPLICATION FOR 2023 MEMBERSHIP

Ref:

Membership Applied For:

Please tick the required box.

- Full**
- Under 35** (30-34 on 01.01.2023)
- Under 30** (23-29 on 01.01.2023)
- Student**
- Juvenile**
- Overseas**
- Pavilion**

Passport Photograph

Title: Mr/Mrs/Ms: _____

Surname: _____

First Name(s): _____

Address: _____

Date of Birth: ____/____/____

Phone:(H) _____ (W) _____ (Mobile) _____

Email: _____

Occupation: _____

Employer / School/ College

Present Golf Club: _____ Present Golf Ireland Handicap: _____

Note: Information provided will be used by Carlow Golf Club for the sole purpose of administration of you golf club membership and will not be shared with any third parties.

Membership of other Golf Clubs: (Current or Past)

CLUB	CATEGORY	FROM	TO	SPORTING HONS/OFFICE HELD

Membership of other sporting/social clubs (Current or Past)

CLUB	CATEGORY	FROM	TO	SPORTING HONS/OFFICE HELD

Name(s) of near relations who are or have been member(s) of Carlow Golf Club, and dates of their membership

NAME	CATEGORY	FROM	TO	RELATIONSHIP

Have you applied for membership of any Golf Club previously? Yes/No _____

If yes, state name of Club(s): _____

I hereby apply for the membership of Carlow Golf Club. I consent to attend an Interview Board if requested. Should my application for this membership offer be successful, I undertake to make myself acquainted with and observe the Constitution and Rules and the Bye Laws of Carlow Golf Club and the Rules and Etiquette of the game of Golf. I understand that is subject to certain terms and conditions, to which I fully consent.

Consent to have name and contact details posted on the club notice board and internal electronic communications. Yes

Signature of Applicant: _____ Date: _____

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THE PROPOSER AND SECONDER MUST BE FULL MEMBERS OF CARLOW GOLF CLUB

NOTE: A member of the Committee of Management, the Men's Committee or the Ladies' Committee shall not propose or second a candidate for election (Rule 11.2.1)

This form must be fully completed **and returned to the club office, Deerpark, for attention of the Hon. Secretary.**
Incomplete applications will not be accepted.

To be completed by the Proposer:

How long have you known the candidate? Years: _____

Is the candidate (a) a relation Yes/No: _____

(b) a personal friend Yes/No: _____

(c) a business associate Yes/No: _____

I, the Proposer shall be responsible for ensuring that the candidate, if elected is made conversant with the Constitution and Rules and the Bye-Laws of Carlow Golf Club and the Rules and Etiquette of the Game of Golf.

I am, if requested, prepared to attend an Interview Board.

Name of Proposer: (Print) _____ **Date:** _____

Signature of Proposer: _____

Name of Seconder: (Print) _____ **Date:** _____

Signature of Seconder: _____

ALL APPLICANTS FOR MEMBERSHIP MUST BE PROPOSED AND SECONDED BY FULL MEMBERS, NONE OF WHOM ARE MEMBERS OF THE MANAGEMENT, MENS OR LADIES COMMITTEES.

FOR OFFICE USE ONLY

Completed form returned	Date
Processed by Committee of Management	Date
Posted on Notice Board	Date
Elected	Date
Applicant notified	Date

Entrance Fee:	Capital Levy:	Subscription:	Other Charges:
Cash:	P.O.	Cheque:	
Receipt No:	Issue Date:	Signed:	

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Handicap Information

Are you **currently a member of a Golf Club**? Yes No

If **“Yes”** please give full details;

Name of Club: _____ Membership Category: _____

Current Handicap: _____ Golf Ireland Number: _____

(An authorised copy of your current **detailed** handicap record from your club’s competition and handicap software will be required. **Note:** If you plan to be a Dual Member (In Ireland, a Member of more than one club must be handicapped at whichever club he plays most Qualifying Competitions)

If **you are not currently a member of a golf club** please complete the following:

Have you *previously* been a member of a Golf Club? Yes / No

If **“Yes”** please give full details;

Name of Club(s) _____ Membership Category/ies: _____

Initial Handicap allotted: _____ Lowest WHS ® Handicap held: _____

(A copy of your last detailed handicap record will be required)

If **you have not previously been a member of a golf club** please complete the following;

Other Golfing experience - if any: _____

Have you played Society Golf: Yes/ No

If “yes” give details and Handicap held – if any: _____

Have you played Pitch and Putt: Yes/ No

If “yes” give details and Handicap held – if any: _____

If **“No”**

Other Sporting experience – If any: _____

Achievements in the named sport/s: _____

Note: The Allotment of Handicaps at Carlow Golf Club is the responsibility of Handicap Committees, who will advise you of the procedure to obtain a handicap.

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