

Templemore Golf Club

MANNA SOUTH, TEMPLEMORE, COUNTY TIPPERARY

PHONE: 0504-31400

EMAIL: INFO@TEMPLEMOREGOLFCLUB.IE



To/ The Hon. Secretary
Templemore Golf Club

I wish to make application for Membership to Templemore Golf Club.
Membership Category now being applied for:

The Following Particulars are Correct (Please use Block Capitals to complete the form)

FULL NAME & ADDRESS

DISTANCE FROM YOUR NORMAL PLACE OF RESIDENCE TO TEMPLEMORE: _____ KM

MOBILE NO: _____

E-MAIL: _____

DATE OF BIRTH: _____

OCCUPATION: _____

PREVIOUS GOLF CLUB (IF ANY) & DATE: _____

MEMBERSHIP OF GOLF SOCIETY, _____

PITCH & PUTT CLUB, DETAILS: _____

HANDICAP CERTIFICATE: YES/NO IF 'YES' PLEASE ATTACH COPY TO APPLICATION

CURRENT HANDICAP (IF ANY): ____ PREVIOUS GUI NO: _____

I AGREE TO BE BOUND BY THE IRISH ANTI-DOPING RULES

SIGNATURE OF APPLICANT: _____ DATE OF APPLICATION: _____

THE ABOVE IS PERSONALLY KNOWN TO US AND/OR WE BELIEVE HIM/HER TO BE SUITABLE CANDIDATE TO BE ELECTED AS A MEMBER OF TEMPLEMORE GOLF CLUB.

SIGNATURE OF : PROPOSER. _____

SECONDER: _____

BLOCK CAPITALS: _____

COMPLETION OF THIS APPLICATION FORM DOES NOT IN ANY WAY BIND THE COMMITTEE TO ADMIT THE CANDIDATE FOR MEMBERSHIP.
THE COMMITTEE HAS THE ABSOLUTE RIGHT TO REFUSE ANY APPLICATION WITHOUT GIVING THE REASON FOR SUCH REFUSAL.
NEW MEMBERS SHOULD NOTE THAT YOU MUST PLAY IN 3 COMPETITIONS IN YOUR HOME CLUB BEFORE YOU ARE ELIGIBLE TO PLAY OPEN COMPETITION(S) AT OTHER CLUB(S).

For Official Use only: Date Elected: _____ Signed: _____
Club Captain