

# 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

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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