



Birr Golf Club

Application for Membership

Name (Please Print) _____ Date of Birth _____ Application Date _____

Address _____

Tel. No. _____ Mobile No. _____ eMail _____

Spouse's Name (if applying) _____ Date of Birth _____

I hereby apply for membership of Birr Golf Club

Proposer: I, (Please Print) _____ being a member of Birr Golf club for a minimum period of 5 years propose the above named for membership of the club.

Seconder: I, (Please Print) _____ being a member of Birr Golf club for a minimum period of 5 years second the above proposal.

Type of Membership being applied for (Tick where applicable)

Full Gent ☐ Full Lady ☐ Family ☐ Juvenile ☐ Student ☐ Social ☐ Distance ☐ Overseas ☐

If this is a family application please list the names and dates of birth of the children (must be between the ages of 8 and 18)

1. _____	Date of Birth _____
2. _____	Date of Birth _____
3. _____	Date of Birth _____
4. _____	Date of Birth _____
5. _____	Date of Birth _____

Are you or were you a member of a Golf Club? Yes ☐ No ☐

If Yes please state (A) Name of the club _____ (B) Your Club Handicap _____

Are you or were you a member of a Pitch & Putt Club? Yes ☐ No ☐

If Yes please state (A) Name of the club _____ (B) Your Club Handicap _____

Applicant's Signature _____ Date _____

Proposer's Signature _____

Address _____ Tel.No. _____

Seconder's Signature _____

Address _____ Tel.No. _____

For Management Use Only

Passed: _____ Date: _____

This application must be accompanied by a deposit as follows: Full Member €100 All Others €50

When accepted by the management committee, the balance of the subscription must be paid within 14 days of notification