



APPLICATION FORM

MEMBERSHIP OF KILMASHOGUE GOLF CLUB

I wish to apply for: Full Membership

Junior Membership

Personal details:

Name: _____

Address: _____

Mobile Number: _____ Home Number: _____

E-Mail: _____ @ _____

Date of Birth _____

Golf history

Previous Golf Club (Name) _____ H'cap _____

Member of a Golf Society/Name _____ H'cap _____

New to golf

Proposed by: _____ Signature: _____ Lic. No _____

Seconded by: _____ Signature: _____ Lic. No _____

Applicants Signature: _____ Date: _____

I enclose a cheque for €599

€135 (Junior Membership)