



## APPLICATION FOR MEMBERSHIP OF KILMASHOGUE GOLF CLUB

I wish to apply for: Full Membership \_\_\_\_\_ Young Adult Membership (18-21years old) \_\_\_\_\_

### Personal details:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Mobile Number: \_\_\_\_\_ Home Number: \_\_\_\_\_

Email: \_\_\_\_\_ @ \_\_\_\_\_

Date of Birth: \_\_\_\_\_

### Golf history:

Previous Golf Club (Name): \_\_\_\_\_ H'cap \_\_\_\_\_

Member of a Golf Society / (Name): \_\_\_\_\_ H'cap \_\_\_\_\_

Are you new to Golf: Yes \_\_\_\_\_ No \_\_\_\_\_

If new to golf please confirm other sports you have played/are playing:

\_\_\_\_\_

Proposed by: \_\_\_\_\_ Signature: \_\_\_\_\_ Lic.No \_\_\_\_\_

Seconded by: \_\_\_\_\_ Signature: \_\_\_\_\_ Lic.No \_\_\_\_\_

### GDPR

In completing and signing this form I agree that Kilmashogue Golf Club may use my personal data for club and competition administration purposes.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### NOTE

This application must be submitted to the Honorary Secretary together with letters from the proposer and seconder stating their personal knowledge of the applicant. If the applicant is not known to a member of KGC he/she should contact the Honorary Secretary of the Men's Section or Ladies Section as appropriate.