



KILMASHOGUE GOLF CLUB MEMBERSHIP APPLICATION FORM

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

Personal details:

Name: _____ Address: _____

Mobile Number: _____ Home Number: _____ DOB: _____

Email: _____ @ _____

Golf history:

Are you currently a member of a Golf Club: Yes _____ No _____ Golf Net No.: _____

Golf Club (Name): _____ Current WHS H'cap: _____

Have you previously been a member of a Golf Club: Yes _____ No _____

Previous Golf Club (Name): _____ H'cap _____

Are you a 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. The privacy policy of Kilmashogue Golf Club is available on the club website

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.