



Mallow Golf Club

Ballyellis,
Mallow,
Co. Cork.

Tel. 022-21145
Fax. 022-42501
[email:mallowgolfclubmanager@eircon.net](mailto:mallowgolfclubmanager@eircon.net)
www.mallowgolfclub.net

GOLF MEMBERSHIP PROPOSAL FORM **(tick the applicable type required)**

5 Day Membership 7 Day Membership Junior Membership

Name: (Block) _____

Home Address: (Block) _____

Date of Birth: _____ **Telephone:** _____

Occupation: _____

Current or Past Membership of Golf Club(s)

| | | |
|---------------|----|----|
| Name of Club: | 1. | 2. |
| What year(s): | 1. | 2. |
| Category: | 1. | 2. |

Present Handicap: _____ **Previous Lowest Handicap:** _____

Details of any Committee/Team involvement in any of the above Clubs:

Any other information that may assist in the application: _____

Note: The Proposer and Seconder must be:

- (1) Full Ordinary members of Mallow Golf Club for the preceding 3 years (Rule 7 of the Club's Constitution).
- (2) Know the Applicant well.
- (3) Play a round of Golf with the Applicant and return a signed score card.

Proposed by: (Block) _____ **Signed:** _____

Address: _____

Seconded by: (Block) _____ **Signed:** _____

Address: _____

I hereby agree and undertake to comply with all the Rules of the Club, to abide strictly by all the Club's Bye-laws and to all Committee directives diligently, and I acknowledge the right of the Committee to make whatever decisions are in the best interests of the club.

Signed: _____

Date: _____