Mallow Golf Club

Application For Membership

Personal Details		
Title	First Name	Surname
Date of Birth:		Gender
Address		
Contact Number		
Email		

Membership Type (Please Tick)				
7 Day	**5 Day**	**Under 35**	**Student**	**Junior**

Golfing History			
Are you a current member/Pass Member of a golf club?	Yes	No	
If Yes Please Provide Details	Lowest Playing HC		
Club Name	Year	GI # (CDH)	
Club Name	Year	GI # (CDH)	
Club Name	Year	GI # (CDH)	
Do you Want Mallow to be your Home Club	Yes	No	

Proposed By	Seconded By
Print Name:	Print Name:
Signature:	Signature:
Note: Proposer and Seconder must be a Full Member of Mallow Golf Club for the preceding 5 years Rule 2.1.29 of the Constitution	

Applicant Signature	Date
Sign:	
Declaration: Should my application for membership be successful, I undertake to make myself acquainted with and observe the Policies, Rules and Bye-laws of the Club and the Rules and Etiquette of the game of golf.	

Junior Membership Application Parent/Guardian	
Print Name:	Relationship:
Contact Number:	
E-Mail:	
Signature:	Date:
Note: Minimum age to join is 8 years. If under the age of 18 a parent or guardian must sign this form on behalf of the applicant and by doing so accept the terms and conditions of membership on their behalf. In addition they must complete the club Consent Registration form and sign the Junior Code of Conduct Policy.	

For Office Use Only						
Date Application Received:						
BOM Review Date:		Application Approved		Yes		No
Approved By: Signature						
Approved By: Signature						
Payment Method	Cheque/Cash		Direct Debit		DD Easy Payment Plan	
Payment Received Date:						
System Records Updated:	Club Minder		BRS		GI #	
Date Application Filed:						
Junior Applications Only	Signed Code of Conduct/Consent Forms Date Received:					