



FORM OF APPLICATION FOR MEMBERSHIP

Name and full postal address to be completed in **Block Capitals**

I _____

of _____

Tel no _____ Mobile _____

Email _____

Hereby apply for membership of Rathdowney Golf Club. I agree to be bound by the Constitution of the Club and the rules and decisions of the committee.

Have you ever been a member of a golf club?

YES

NO

CLUB _____ HANDICAP _____

Type of membership required _____

Signature of applicant _____

I certify that I am personally acquainted with the applicant, and I consider him eligible and recommend him/her for membership

Signature of proposer _____

Signature of seconder _____

Date _____

**MEMBERSHIP FEE AND THE APPLICATION FORM TO BE SUBMITTED TO THE
HON SECRETARY, RATHDOWNEY GOLF CLUB, RATHDOWNEY, CO LAOIS**