

# Balbriggan Golf Club

Tel: 8412229

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## Application Form for Membership of the Club

### CLASS OF MEMBERSHIP SOUGHT:

NAME: .....

PRIVATE ADDRESS: .....

.....

.....

DATE OF BIRTH: .....

TELEPHONE NO: (HOME)..... (MOBILE) .....

E-MAIL ADDRESS .....

I am aware that Balbriggan Golf Club has the right to offer promotions in the future and by accepting this current promotional offer I agree that I am not entitled to any further reductions resulting from any future promotions.

Signature of Proposed Member.....

If previously a member of another Golf or Pitch & Putt Club please state:

NAME OF CLUB:

HANDICAP:

**CERTIFICATE:** We certify that we are personally acquainted with the above named candidate. We consider he/she is eligible and recommend him/her for membership.

**PROPOSER:** .....

**SECONDER:** .....

**Print name:**

**Print name:**

**DATE:** .....

Will the proposer please get in touch with a member on the Club Council in order to provide further relevant information on the above candidate?

*Under the GDPR, Legislation allows Balbriggan Golf Club to collect personal information relating to members, such as Name, Addresses, Dates of Births, email and telephone numbers for purposes of administering the club (e.g. registering players, arranging meetings, course information, team or club matches). All information relating to members is kept safe and secure and will not be passed to third parties.*

**Office Use**

**Form Received** ..... **Ratified by Council on** .....

**Card Order**..... **Access Card** .....