



BEARNA GOLF CLUB
APPLICATION FORM – FULL MEMBERSHIP 2020

ENTER DETAILS - PLEASE USE BLOCK CAPITALS

Name _____

Address _____

Telephone (Home) _____

Telephone (Mobile) _____

E-Mail _____

Previous Golf Club (if applicable) _____

Golf Society (if applicable) _____

I hereby apply for full membership of Bearna Golf Club from May 18th – December 31st

Signed _____

Date _____

Total Member Subscription: €480

To act in accordance with social distancing protocols please pay by the following methods:

Pay by Bank Transfer: BIC - **BOFIE2D** IBAN - **IE15BOFI90384062929704**

Or call proshop and pay by credit card ---- (091) 592677

Please return completed application forms to:

Email: info@bearnagolfclub.com
or
Secretary Manager,
Bearna Golf Club,
Bearna,
Co Galway.

FOR OFFICE USE

TOTAL SUB:

FULLY PAID (Y/N):