



ANCILLARY GOLF MEMBERSHIP APPLICATION FORM 2020

Applicant Must Have A Full Current Membership With Another Galway Golf Club

ENTER DETAILS - PLEASE USE BLOCK CAPITALS

Name: _____

Address: _____

Telephone: Mobile _____ Home _____

E-Mail: _____

Current Golf Club & Handicap: _____

Golf Society (if applicable): _____

I hereby apply for membership of Bearna Golf Club from Jan 1st – December 31st 2021

Signed: _____

Date: _____

Total Member Subscription:

All applicants must supply a letter from your current club Hon. Secretary as proof of membership.

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

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

I give permission to be contacted by the Ladies / Men's Club: **Yes** / **No**

Please return completed application forms to:

Email: info@bearnagolfclub.com OR

Post to: Secretary Manager,
Bearna Golf Club,
Bearna, Co Galway

FOR OFFICE USE

TOTAL SUB:

FULLY PAID (Y/N):