



STUDENT GOLF MEMBERSHIP APPLICATION FORM
Age 18 – 25 Proof of Age must be supplied – Drivers Licence or Passport

ENTER DETAILS - PLEASE USE BLOCK CAPITALS

Name: _____

Address: _____

_____ Date of Birth: _____

Telephone: Mobile _____ Home _____

E-Mail: _____

Current Golf Club & Handicap: _____

Golf Society (if applicable): _____

I hereby apply for membership of Bearna Golf Club from
September 15th 2021 – March 31st 2023

Signed: _____

Date: _____

Total Member Subscription: €350 (mens/ladies club fee is €50 extra; fee will thereafter stay at €250 every year until Member is no longer in age 18-25 category)

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):