



**AGE CATEGORY 26-30**  
**GOLF MEMBERSHIP APPLICATION FORM**  
**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 Oct 1<sup>st</sup> 2022 – March 15<sup>th</sup>, 2024**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Total Member Subscription: **€695** (includes Golf Ireland subscription & insurance and Mens/Ladies Club **til end Marc 2023** [value €80/100]; fee will stay at €550 every year until Member is no longer in 26-30 age category)

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

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

Or call proshop to sign up for our 12 month Direct Debit payment option

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):