



BEARNA GOLF CLUB
APPLICATION FORM – FULL MONTH MEMBERSHIP

ENTER DETAILS - PLEASE USE BLOCK CAPITALS

Name: _____

Address: _____

Telephone: Mobile _____ **Home:** _____

E-Mail: _____

Previous Golf Club (if applicable): _____

Golf Society (if applicable): _____

**I hereby apply for full membership of Bearna Golf Club
from Oct 1st 2022 to March 15th 2024**

Signed: _____ **Date:** _____

Total Member Subscription: **€850** (includes Golf Ireland subscription & insurance and Mens/Ladies Club **til end Marc 2023** [value €80/100]; also includes reduced fee for year two (2024/25) of your membership to Bearna Golf Club

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):