



**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 Bearnagolf Club
from Jan 1st 2023 – March 1st 2024**

Signed: _____ **Date:** _____

Total Member Subscription: **€750** (includes Golf Ireland subscription & insurance and Mens/Ladies Club [value €80/100]); also includes reduced fee for year two of your membership to Bearnagolf 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,
Bearnagolf Club,
Bearnagolf, Co Galway

FOR OFFICE USE

TOTAL SUB:

FULLY PAID (Y/N):