



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: _____

Proposed By (Member): _____

I hereby apply for membership of Bearna Golf Club from March 1st 2023 – March 1st, 2024

Signed: _____

Date: _____

Total Member Subscription: **€550** (includes Golf Ireland subscription, insurance and Mens/Ladies Club for first year [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):