



BEARNA GOLF CLUB
APPLICATION FORM – FULL MONTH MEMBERSHIP

ENTER DETAILS - PLEASE USE BLOCK CAPITALS

Name: _____

Address: _____

_____ **Date of Birth:** _____

Telephone: Mobile _____ **Home:** _____

E-Mail: _____

Previous Golf Club (if applicable): _____

Proposed By (Member): _____

I hereby apply for full membership of Bearna Golf Club
from Sept 1st 2023 – March 1st 2025

Signed: _____ **Date:** _____

Total Member Subscription: **€1000** (includes Golf Ireland subscription, insurance and Mens/Ladies Club fee til March 1st 2024 [value €80/100]); reduced fee for year two of your membership

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):