



**COUNTRY/DISTANCE GOLF MEMBERSHIP  
APPLICATION FORM 2024-25**

Member of another club outside of Galway County/Living outside Galway County

**ENTER DETAILS - PLEASE USE BLOCK CAPITALS**

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: Mobile \_\_\_\_\_ Home \_\_\_\_\_

E-Mail: \_\_\_\_\_

Current Golf Club & Handicap: \_\_\_\_\_

Proposed By (Member): \_\_\_\_\_

I hereby apply for membership of Bearna Golf Club from January 1<sup>st</sup> 2024 – Mar 1<sup>st</sup> 2025

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

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

**Total Member Subscription: €400 (Mens/Ladies Club Fees extra)**

Pay by Bank Transfer: BIC - **BOFIE2D** IBAN - **IE15BOFI90384062929704**  
Or call proshop and pay by credit card ---- (091) 592677

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):