



**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 & Golf Ireland Number: \_\_\_\_\_

Do you wish to make Bearna Golf Club your home club for handicap purposes: Yes / No

I give permission to be contacted by the Ladies / Men's Club: Yes / No

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

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

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

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

Total Member Subscription: **€600** (includes Golf Ireland subscription, insurance and Mens/Ladies Club fee for 2024 [value €80/100]); fee will stay at €600 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

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):