



**AGE CATEGORY 31-35**  
**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**

**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]); reduced fee will thereafter stay at €700 every year until Member is no longer in 31-35 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):