



**BEARNA GOLF CLUB
APPLICATION FORM – FULL MONTH MEMBERSHIP**

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 full membership of Bearna Golf Club
from January 1st 2024 – March 1st 2025**

Signed: _____ **Date:** _____

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

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):