Membership Application Form

Are you currently a member of a Golf Club? Yes ☐ No ☐
If **"Yes"** please give full details;

Name of Club: _____ Membership Category: _____

Current CONGU Handicap: _____ GOLFnet Number: _____

An authorised copy of your current **detailed** handicap certificate from your club's competition and handicap software will be required.

Note: If you plan to be a Dual Member (In Ireland, a Member of more than one club must be handicapped at whichever club he plays most Qualifying Competitions) (Clause 8.2. CONGU UHS).

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If **"No"** please complete the following;

Have you previously been a member of a Golf Club? Yes ☐ No ☐

If **"Yes"** please give full details;

Name/s of Club/s: _____ Membership Category/ies: _____

Initial Handicap allotted: _____ Lowest CONGU Handicap held: _____
(A copy of your last detailed handicap certificate will be required)

If **"No"**

Other Golfing experience - if any

Have you played Society Golf: Yes ☐

If "yes" give details and Handicap held – if any: _____

_____

Have you played Pitch and Putt: ☐ ☐

If "yes" give details and Handicap held – if any: _____ Yes No

If **"No"**
Other Sporting experience – If any: _____

Achievements in the named sport/s: _____

Note: The Allotment of Handicaps at St Anne's Golf Club is the responsibility of The Men's / Ladies Club who will advise you of the procedure to obtain a handicap in accordance with Clause 16 of the CONGU UHS.

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Category of Membership: _____

Full Name: _____

Address: _____

_____

Date of Birth: _____ Telephone No: _____

Mobile: _____ E-Mail: _____

Occupation: _____

Name of Firm / Employer / Company: _____

Any omission from, or inaccuracy in the particulars submitted relating to the application of a candidate may render his / her election voidable at the discretion of the Committee

Candidate Signature: _____ Date: _____

THIS SECTION TO BE COMPLETED BY PROPOSER AND SECONDER (Members of the Club)

PROPOSER:

Name: _____

Signature: _____ Date: _____

State Number of Years Candidate is known: _____

State Relationship to Candidate: _____

SECONDER:

Name: _____

Signature: _____ Date: _____

State Number of Years Candidate is known: _____

State Relationship to Candidate: _____

Individual letters of recommendation from the Proposer and Seconder MUST be enclosed with this application_

We use the information above to allow us to fulfil our contractual obligations to you as a member in accordance with our club's constitution. We share this information with our external and internal Data Processors who adhere to our privacy policy.