



Carrick on Suir Golf Club

Membership Application Form



Full Name: _____

Address: _____

 _____ **Date of Birth:** _____

Home Phone: _____ **Mobile Phone:** _____

Email: _____

Type of Membership Required

Full **Family** **Distance**
Student **Junior** **Country**

Golfing Experience (if any)

Previous Club(s): _____

Period of Membership: _____

Handicap: _____

GUI Number(s) _____

Pitch & Putt Experience (if any)

Previous Club(s): _____

Period of Membership: _____

Handicap: _____

Have you been paying Green Fees in Carrick on Suir Golf Club? **Yes** **No**

Approximately how often per year? **0 - 10** **11 - 19** **20 - 29** **30 +**

Are you familiar with the rules and etiquette of Golf? **Yes** **No**

Signed: _____ **Date:** _____

Proposer: _____ **Secunder:** _____