



Carrick on Suir Golf Club Membership Application Form



Full Name: _____

Address: _____

Eircode: _____ Date of Birth: _____

Home Phone: _____ Mobile Phone: _____

Email: _____

Type of Membership Required

Full Family Country
Student Junior

Golfing Experience (if any)

Previous Club(s): _____

Period of Membership: _____

Previous Handicap / Handicap Index _____

Previous 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: _____ Seconder: _____