

## Carrick on Suir Golf Club Membership Application Form



Full Name:	
Address:	
Eircode:	Date of Birth:
<b>Home Phone:</b>	Mobile Phone:
Email:	
Type of Mem	bership Required
Full	Family Country Student Junior
Golfing Experie	ence (if any)
<b>Previous Golf Clu</b>	b(s):
<b>Period of Member</b>	ship:
<b>Previous Handica</b>	p / Handicap Index
<b>Previous GI Numl</b>	per(s)
Pitch & Putt Ex	xperience (if any)
Previous Club(s): Period of Member Handicap:	ship:
Have you been pay	ing Green Fees in Carrick on Suir Golf Club? Yes No
Approximately how	v often per year? 0 - 10 11 - 19 20 - 29 30 +
Are you familiar w	ith the rules and etiquette of Golf? Yes No
I consent to my det utilising the World	rails being shared with Golf Ireland for the purposes of handicap administration and Handicap System.
=	allocated a Handicap Index (HI), your golf scores and HI will be made available to other olf club via MyGolf, Golf Ireland App and other technology platforms for the purpose of
Signed:	Date:
Proposer:	Seconder: