



APPLICATION FOR MATURE STUDENT MEMBERSHIP **2017**

SECTION I

Name: _____ DOB: _____

Address: _____ Course: _____

_____ College: _____

Mobile No: _____ Email Address: _____

SECTION II

No. of years a member of Oughterard: _____

Handicap: _____

Applicants Signature _____ Date: _____

For office use only:

Management: _____ Date Approved: _____ Committee: _____

QB Golfnet BRS GMS Notes