



APPLICATION FOR NEW/RETURN MEMBERSHIP 2023

SECTION I

Name: _____ DOB: _____

Address: _____

Mobile No: _____ Email Address: _____

SECTION II

Previous Club: _____ Date Membership Ended: _____

Handicap: _____ Will Oughterard Golf club be your home club? _____

SECTION III

Names and signatories of two members of Oughterard Golf Club of not less than three years standing, who are willing to nominate your application.

Name of Proposer: _____ Signature of Proposer: _____
(Block Letters)

Name of Seconder: _____ Signature of Seconder: _____
(Block Letter)

Applicants Signature _____ Date: _____

For office use only:

Committee: _____ Date Approved: _____ Council: _____

GI BRS WHS GMS GDPR

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Notes: