



APPLICATION FOR JUNIOR MEMBERSHIP 2024

SECTION I

Name: _____ DOB: _____
Address: _____ School: _____

Mobile No: _____ Email Address: _____

SECTION II

Previous Club: _____ No. of years a member: _____
Handicap: _____ Will Oughterard Golf club be your home club? _____

SECTION III

Applicants Signature _____ Date: _____

For office use only:

Management: _____ Date Approved: _____ Committee: _____

QB Golf Ireland BRS GMS Notes