



APPLICATION FOR NEW/RETURN MEMBERSHIP 2024

SECTION I

Name: _____ DOB: _____
Address: _____ Occupation: _____

Mobile No: _____ Email Address: _____

SECTION II

Previous Club: _____ Date Membership Ended: _____
Handicap:(WHS) _____ 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:

Management: _____ Date Approved: _____ Committee: _____

QB Golfnet BRS GMS GDPR **Notes:**