The Clontarf Golf and Bowling Club

Donnycarney House, Malahide Road,
Dublin 3.
Telephone: 01 833 1892
www.clontarfgolfclub.ie
email: info@clontarfgolfclub.ie

2025

# APPLICATION FOR MEMBERSHIP (To be completed in Block Letters)

**SURNAME** _____ **FIRST NAME(S)** _____

**FULL POSTAL ADDRESS** _____

_____

**CONTACT NUMBER** _____

**DATE OF BIRTH** ____/____/_____ **OCCUPATION** _____

**EMAIL ADDRESS** _____

**HAVE YOU FAMILY WHO ARE ALREADY MEMBERS OF THE GOLF OR BOWLING CLUB**

| |
|---|
| YES |
| NO |

**IF YES, THEN PLEASE PROVIDE DETAILS:**

_____

**TICK CATEGORY APPLICABLE**

**(If you are applying as a Junior, please complete the attached Parental/Guardian Declaration Form)**

| Ordinary | Five-Day | Intermediate Student | Intermediate | Junior | Bowling | Clubhouse |
|---|---|---|---|---|---|---|
| | | | | | | |

**PRESENT CLUB(S) (if any)**_____

(please include any existing or *previous* Clontarf Golf and Bowling memberships or applications for membership, including the year of membership or application.)

**GOLF IRELAND No.**_____ **HANDICAP (if any)**_____

I wish to apply for membership of Clontarf Golf and Bowling Club, and, if elected, I agree to be bound by and observe the Rules and Bye-laws of The Clontarf Golf and Bowling Club.

**APPLICANT'S SIGNATURE** _____ **DATE** _____

| PROPOSED BY | SECONDED BY |
|---|---|
| I confirm that the applicant is known to me and I hereby Propose him/her for membership.<br><br>Name _____<br>(Block Capitals Please)<br><br>Signature _____<br><br>Date_____ | I confirm that the applicant is known to me and I hereby Second him/her for membership.<br><br>Name _____<br>(Block Capitals Please)<br><br>Signature _____<br><br>Date_____ |

**You must also provide a *letter* each from both the Proposer and Seconder stating their knowledge of the applicant and any other relevant information in support of the application. Data will be held in accordance with the General Data Protection Regulation (GDPR)**