



CLONTARF GOLF AND BOWLING CLUB

Donnycarney House, Malahide Road, Dublin, 3.

Telephone: Office 833 1892

www.clontarfgolfclub.ie email info@clontarfgolfclub.ie

Please
Affix
Passport
Size
Photograph
here

APPLICATION FOR MEMBERSHIP

(To be completed in Block Letters)

SURNAME FIRST NAME(S)

FULL POSTAL ADDRESS

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TELEPHONES: HOME.....OFFICE..... MOBILE.....

DATE OF BIRTH OCCUPATION

EMAIL ADDRESS

TICK CATEGORY
APPLICABLE:

Intermediate	Intermediate Student	Clubhouse	Five-Day	Ordinary	Bowling
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PRESENT CLUB(S) (if any)GOLF IRELAND No..... HANDICAP (if any).....
(Including existing Clontarf Clubhouse or Bowling Membership)

ANY PREVIOUS APPLICATION TO JOIN CLONTARF GOLF & BOWLING CLUB (YES / NO)
IF YES, INDICATE YEAR(S) OF PREVIOUS APPLICATION.....

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

<p><u>PROPOSED BY</u></p> <p><i>I confirm that the applicant is known to me and I hereby propose him/her for membership of Clontarf Golf Club</i></p> <p>Name of proposer: (Block Capitals Please)</p> <p>Signature</p> <p>Date</p>	<p><u>SECONDED BY</u></p> <p><i>I confirm that the applicant is known to me and I hereby propose him/her for membership of Clontarf Golf Club</i></p> <p>Name of Seconder: (Block Capitals Please)</p> <p>Signature.....</p> <p>Date</p>
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This Application Form must be accompanied by a passport size photograph (affix above) of the applicant together with 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)