



CLONTARF GOLF 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 TEMPORARY BOWLING MEMBERSHIP

1st April 2019 to 30th September 2019

To be completed in Block Letters

SURNAME FIRST NAME(S)

FULL POSTAL ADDRESS

.....

TELEPHONES: HOMEOFFICE..... MOBILE.....

DATE OF BIRTH

OCCUPATION

EMAIL ADDRESS

PREVIOUS BOWLING EXPERIENCE (if any).....

PRESENT CLUB(S) (if any)

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

I wish to apply for **TEMPORARY BOWLING MEMBERSHIP** of Clontarf Golf Club, and, if elected, I agree to be bound by and observe the Rules and Bye-laws of the Club.

APPLICANT'S SIGNATURE DATE

PROPOSED BY

I confirm that the applicant is known to me and I hereby propose him/her for TEMPORARY BOWLING MEMBERSHIP of Clontarf Golf Club

Name of proposer:
(Block Capitals Please)

Signature

Date

SECONDED BY

I confirm that the applicant is known to me and I hereby second him/her for TEMPORARY BOWLING MEMBERSHIP of Clontarf Golf Club

Name of seconder:.....
(Block Capitals Please)

Signature

Date

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.