



Clontarf Golf & Bowling Club



Donnycarney House, Malahide Road, Dublin, 3. Telephone: 01833 1892.
www.clontarfgolfclub.ie email info@clontarfgolfclub.ie

APPLICATION FOR MEMBERSHIP

(To be completed in Block Letters)

SURNAME _____ FIRST NAME(S) _____

FULL POSTAL ADDRESS _____

CONTACT NUMBER _____ Include on the Clubs' Online Directory? Yes/No

DATE OF BIRTH ___/___/___ OCCUPATION _____

EMAIL ADDRESS _____

TICK CATEGORY APPLICABLE

(If you are applying as a **Junior**, please complete the additional information and 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.	I confirm that the applicant is known to me and I hereby Second him/her for membership.
Name _____ (Block Capitals Please)	Name _____ (Block Capitals Please)
Signature _____	Signature _____
Date _____	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.
Data will be held in accordance with the General Data Protection Regulation (GDPR)