



Mountbellew Golf Club

Mountbellew, Ballinasloe Co. Galway.



Phone 090 9679259

email: mountbellewgc@gmail.com

Captain: Mr. Noel Coen,

Lady Captain: Ms. Marguerite Hughes,

President: Mr Peter Donnellan.

MEMBERSHIP APPLICATION FORM

To be processed at our next Committee Meeting.

Please use **BLOCK CAPITALS** and fill in **ALL** details.

SURNAME:	FIRST NAME:	MIDDLE NAME:	
ADDRESS:			
D.O.B.	MOBILE No:	HOME No:	E-mail:

CATEGORY SOUGHT: Full , Husband & Wife , Country , 5 Day ,
3rd Level , Distance , Long Distance , Overseas , Beginner , Junior ,

Note

1. In the case of 'Country Membership' you must be a Full Member of another club.
2. In the case of 'Distance Membership' you must reside a minimum of 30km from the club.
3. In the case of 'Long Distance Membership' you must reside a minimum of 100km from the club.
Evidence of main place of residence is required for both Distance & Long Distance. (2 services bills).
4. Are you a member of another club? _____ If Yes – club name _____
5. If Yes to '3' above: is Mountbellew to control your handicap, be your HOME club? _____
6. If Yes to '4' above: please furnish your 8 digit Golfnet card number _____
7. I undertake to abide by the Rules of Golf and of Mountbellew Golf Club.
8. I agree to abide by the Irish Anti-Doping Rules.

Signature of Applicant: _____ Date: _____

Signature of Proposing member: _____

Signature of Seconding member: _____

<u>FOR OFFICE USE ONLY</u>		
PASSED BY:	COMMITTEE	DATE:
SIGNED:	SECRETARY	