



Enniscorthy Golf Club

Membership Application

Full Intermediate Senior Intermediate 5 Day Distance

Name(s): _____

Address: _____

_____ Date of Birth: _____

Email: _____ Tel. _____

Mobile: _____ Occupation: _____

Name of Present or Former Golf Club (s) (if any) : _____

Give dates of Membership _____ Golf Handicap, at present if any _____

Previous Handicap, if any (state name of club and date) _____

NO APPLICATION BY ME FOR MEMBERSHIP OF ANY OTHER GOLF CLUB HAS BEEN DECLINED. SHOULD MY APPLICATION FOR MEMBERSHIP BE SUCCESSFUL, I UNDERTAKE TO MAKE MYSELF ACQUAINTED WITH AND OBSERVE THE RULES AND BY-LAWS OF THE CLUB AND THE RULES AND ETIQUETTE OF THE GAME OF GOLF.

Signed: _____ Date _____

Proposers and Seconders must be Full Members of at least 5 years standing.

PROPOSER

I propose the election of _____ who has been personally known to me since _____ and whom I unreservedly recommend as a suitable person to be a Member of Enniscorthy Golf Club. I, jointly with the seconder of this proposal, shall be responsible for ensuring that the applicant(s) is made conversant with the Rules and Bye-Laws of the Club and the Rules and Etiquette of the Game of Golf, if the applicant(s) is elected.

Name (*block capitals*) _____ Signature _____

Contact No. _____ Date _____

SECONDER

I second the election of _____ who has been personally known to me since _____. I am satisfied that he/she is a suitable person to be a Member of Enniscorthy Golf Club. I join with the proposer in the responsibility for ensuring, that if elected, he/she is made conversant with the Rules and Bye-Laws of the Club and the Rules and Etiquette of the Game of Golf.

Name (*block capitals*) _____ Signature _____

Contact No. _____ Date _____



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Additional Information/ remarks by Proposer, Seconder

Membership Survey

Where did you hear about Enniscorthy Golf Club?

Member _____

Newspaper _____

Radio _____

Other _____