



# Ashbourne Golf Club

## Membership Application Form

<b>Name</b>		<b>Date of Birth</b>	
<b>Address</b>		<b>Home No.</b>	
		<b>Mobile No.</b>	
<b>Occupation</b>		<b>Email</b>	

Current/Previous Golf Club/Society: \_\_\_\_\_ Handicap: \_\_\_\_\_ Golf Ireland No.: \_\_\_\_\_

**Note:** Please complete the Handicap Application Form (available separately) if submitting cards for handicap purposes.

**Category of Membership applied for (Please tick appropriate box):**

Full Ordinary	<input type="checkbox"/>	Under 24 Member	<input type="checkbox"/>
5-Day Member	<input type="checkbox"/>	Country/Overseas	<input type="checkbox"/>
Under 30 Member	<input type="checkbox"/>	Social Member	<input type="checkbox"/>

**General Data Protection Legislation (GDPR)**

For Club business and activities, the Club will need to send you emails and to share your phone number(s) with other Members and the Pro-Shop.

Do you agree to receive such emails?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you allow us to share you phone number(s) with other members?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you agree to receive marketing emails from the Club?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you agree to receive marketing emails from the Pro-Shop?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**Declaration to be signed by Applicant**

I agree that this application shall not be binding on Ashbourne Golf Club until it has been approved and the appropriate entrance fee (if applicable) annual subscription paid in full and that my name will be posted on the Club's private website for 7 days prior to approval of my application.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Introducing Member (Name): \_\_\_\_\_ Signature: \_\_\_\_\_

The above-named applicant is known personally to the undersigned and we are pleased to recommend this application for membership of Ashbourne Golf Club.

	<b>Name (Block Capitals)</b>	<b>Signature</b>
<b>Proposed By:</b>		
<b>Seconded By 1:</b>		
<b>Seconded by 2:</b>		

Completed application form must be submitted to the Honorary Secretary of the Committee of Management, Ashbourne Golf Club. The Proposer and two Seconders must be voting members of the Club for at least three (3) years and each must enclose a letter of recommendation supporting the applicant's candidacy for election to Ashbourne Golf Club.

**For Official Use Only**

	Date		Date
Completed Application Received		Posted on Notice Board (7 Days)	
Approved by C.O.M.		Payment Received	
Approved by Respective Club			

Archerstown, Ashbourne, Co. Meath

Tel: (01)835 2005 | Email: [info@ashbournegolfclub.ie](mailto:info@ashbournegolfclub.ie) | Web: [www.ashbournegolfclub.ie](http://www.ashbournegolfclub.ie)