



Wicklow Golf Club

Proposal Form for Membership Application

Surname: _____

Forenames: _____

Address: _____

Telephone No: _____

Date of Birth: ____/____/____

Email: _____

Occupation: _____

Employer's Name _____

Category of Membership applied for: _____

Are you, or have you ever been a member of a Golf Club?

Yes/ No:

If yes please state name of Club _____

How did you hear about us? _____

Lowest CONGU Handicap _____ **Current CONGU Handicap** _____

A copy of your last detailed handicap certificate from Golfnet will be required

If No:

Are you, or have you ever been a member of a Golf Society?

Yes/ No

If yes please state name of Society _____

Lowest Society Handicap: _____ **Current Society Handicap:** _____

Do you have any relatives who are members of Wicklow Golf Club: Yes/ No

Proposer and Seconder Declaration:

Applicants Name: _____

Signature: _____

Proposers Name: _____

Signature: _____

Seconders Name: _____

Signature: _____

Date: ____/____/____

Please return completed application form to: Wicklow Golf Club, Dunbur Road Wicklow.
Dunbur Road, Wicklow. Telephone: 0404 67379 - Fax: 0404 64756
Email: info@wicklowgolfclub.ie - www.wicklowgolfclub.ie