

KILLORGLIN GOLF CLUB

Application form for NEW (Introductory) MEMBERSHIP.

Applicants Name and Address

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.....

Tel. No. E.mail.....

Mobile No.

Handicap (if applicable) _____

I/we hereby apply for NEW (Introductory) membership of Killorglin Golf Club. I/we have read and I/we accept the Terms and Conditions. I/we understand that I/we will enjoy full membership of the club. I/we agree that, (for the Introductory Term) I/we cannot run for election as Committee Member/s. I/we understand that the “Introductory Term” will be for three years or fewer, until I/we will have paid the joining fee.

Applicant’s signature/s

Date _____ Amount Paid €

Proposed by (club member)Receipt No.

**Killorglin Golf Club
Tel. 066.9761979
E.mail:: kilgolf@iol.ie
Website:: www.killorglingolf.ie**