Wexford Golf Club
Mulgannon, Wexford.
Tel: 053 - 91 42238
info@wexfordgolfclub.ie

Application for Membership of Wexford Golf Club

Title	First Name	Surname
Date of Birth	Address	
Tel Number (mobile)	Email address *(please write clearly)*	
Type of membership *(please tick one)* Male ☐ Female ☐	Full ☐ Young Adult (19-25yrs) ☐	Student/Apprentice ☐ Distant ☐
Previous Golf Experience (If applicable)	Golf Club	CDH number & handicap
	Golf Society name & handicap	Par 3 golf name & handicap

Section to be completed by Proposer – Full Member

Proposer's Name (print) _____ Mobile Number _____

How long have you know the applicant? _____

Is the applicant?
(a) a relation ☐ (b) a personal friend ☐ (c) a business associate ☐ other please specify _____

Signature _____ Date _____

Section to be completed by Seconder – Full Member

Name of Seconder (print) _____ Signature _____ Date _____

Please fill in next page

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Section to be completed by Applicant

I, the Applicant, if elected will abide by the Constitution and all rules, bye-laws and regulations of Wexford Golf Club

Signature _____ Date _____

Would you require any of the following (if available), please tick

Buggy space ☐ Locker ☐ Trolley cage ☐

Additional Information (you may include additional information in support of your application)

As per Wexford Golf Club's Constitution, by signing this form you consent to your name and address being posted on the notice board prior to approval by Management. By providing an email address, you consent to receiving booking confirmation and other golf related communications/information via email from Wexford Golf Club or affiliated partners (see privacy policy on http://www.wexfordgolfclub.ie Information, Privacy Policy)

For Office use:

GI Number: _____

Form received date _____ Posted on Notice board _____ Processed by Mgt Comm _____

Applicant notified date _____ Applicant payment date _____

Buggy space ☐ Locker ☐ Trolley cage ☐