



Malahide Golf Club Membership Application Form

It is the applicants responsibility to ensure that a fully completed Application Form is lodged in the General Office by the closing date.

Office Stamp recording date of receipt of completed Application Form.

Name of Application

BLOCK CAPITALS PLEASE: _____

Address:

Telephone Number: Home: _____ Work: _____

Email: _____ Mobile: _____

Category of Membership Applied for (tick as appropriate)

Full 5 day Corporate Overseas Junior Cadet Juvenile Pavilion Country

Relationship (if any) to current member of Malahide Golf Club and, if so, furnish details:

Date of Birth: _____ Signature: _____ Date: _____

Golf Club Membership History

MALAHIDE GOLF CLUB

Category of Membership	From	To
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Other/Previous Golf Club(s): _____

Category of Membership	From	To
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Current Handicap: (*Certificate of authentication must accompany application where handicap held in other Golf Club*)

Proposer / Seconder

Name of Proposer: _____

(BLOCK CAPITALS PLEASE)

Address: _____ Tel: _____

The above applicant is well known to me and I wish to propose him/her for membership of Malahide Golf Club. I know the Rules permit a member to propose one applicant only each year in each category of membership and confirm that this is my only proposal for 20____ in the _____ category. I am an Ordinary/Lady Associate member for at least three years. I understand that I may be interviewed in relation to this application.

Signature: _____ Date: _____

Name of Seconder: _____

(BLOCK CAPITALS PLEASE)

Address: _____ Tel: _____

The above applicant is well known to me and I wish to propose him/her for membership of Malahide Golf Club. I know the Rules permit a member to propose one applicant only each year in each category of membership and confirm that this is my only proposal for 20____ in the _____ category. I am an Ordinary/Lady Associate member for at least three years. I understand that I may be interviewed in relation to this application.

Signature: _____ Date: _____

Any other information that you consider would support your application e.g. other sporting interests etc., should be indicated in the box overleaf

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FOR OFFICE USE

Activity	Date	Initials
Application acknowledge		
Applicant advised of interview		
Applicant interviewed		
Applicant selected Yes <input type="checkbox"/> No <input type="checkbox"/>		
Notice posted		
Applicant elected		
Date added to membership database		