



MUSKERRY GOLF CLUB

MEMBERSHIP PROPOSAL FORM – 2024/2025

NAME (BLOCK LETTERS).....

ADDRESS

.....

.....

HOME TEL: MOBILE

BUSINESS TEL:

EMAIL ADDRESS

DATE OF BIRTH

OCCUPATION

NAME OF CLUB – Current or Previous (IF ANY)CURRENT (Y/N)

LAST HANDICAP – Current or Previous (IF ANY)..... CURRENT (Y/N)

GOLF IRELAND MEMBERSHIP NUMBER (IF ANY).....

MEMBERS CATEGORY

We certify that we are personally acquainted with the above named candidate.

PROPOSER'S NAME (Block Letters)

..... SIGNATURE

SECONDER'S NAME (Block Letters)

..... SIGNATURE.....

DATE.....

YOUR PRIVACY

We use the information on the preceding page to allow us to fulfill our contractual obligations to you as a member in accordance with our club's articles/rules/constitution.

We share this information with our external and internal Data Processors who adhere to our privacy policy.

We would also like to be able to correspond with you regarding our club's activities and in order for us to carry out this processing we require you to positively opt in by completing the boxes below.

'I am happy for you to communicate with me regarding additional club activities via the following means'

Please fill in the information and tick the relevant box(es).

Post: Address as above

☐

Email:

☐

Telephone

☐

Mobile

☐

We may also wish to share your information with the professional so that they may send you information about their products and services by email. If you agree to your information being shared in this way please tick the box.

☐

We have attached a copy of our clubs Privacy policy to this application form for you to be able to view but if you need any further information please write to the;

Manager Muskerry Golf Club or email us.[manager@muskerrygolfclub.com]

'I understand that should my membership application be successful I will be bound by the club's articles/rules/constitution'

SIGNED;

DATE;
