



MEMBERSHIP PROPOSAL & APPLICATION

Full Name: _____ Gender: _____

Address (including Eircode): _____

Email Address: _____ Date of Birth: ____/____/____

Landline No: _____ Mobile No: _____

Present ☐ / Previous ☐ Golf Club (if any): _____

Handicap (if any): _____ If Yes, CDH Number: _____

Emergency Contact – Full Name: _____ Mobile No: _____

CATEGORY OF MEMBERSHIP REQUIRED (Please Tick Relevant Category)

Ordinary ☐ Country ☐ Distance ☐ Student *** ☐ Weekday ☐

Clubhouse ☐ Junior ☐ Family ☐ Senior Member Over 80 ☐

Under 40 ** ☐ Stay in Golf ☐ Get into Golf ☐

* Proposed By:

Signature _____

Block Capitals _____

* Seconded By:

Signature _____

Block Capitals _____

We use this information to allow us to fulfil 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 via the following 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 tick the relevant boxes): Post ☐ Email ☐ Telephone ☐ Mobile Text ☐

The Club will post results of competitions on our website, newspapers, notice boards and social media. If you agree to your name/photograph being shared in this way, please tick the box. YES ☐ NO ☐

For Junior members only, please confirm that you, as **Parent/Guardian and Junior**, have read and accepted the respective **Parent/Guardian Code of Conduct and Junior Code of Conduct** forms by ticking the box. ☐

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

"I understand that should my membership application be successful I will be bound by the Club's article/rules/constitution."

Should you leave the Club we would like to continue to hold your personal data so that we may contact you with details about future membership offers. If you agree to us retaining your personal data for this purpose, please tick the box. ☐

Signed (Applicant): _____ Date: _____

*** The Proposer and Seconder must be ordinary members of Athlone Golf Club**

**** Proof of "Date of Birth" required**

***** Proof of "Date of Birth" and "Full-Time Education" required**

Other categories may require documentation as proof of eligibility



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Additional Form for Student Membership

Student Name: _____

College/Institution: _____

Course Name: _____

Date of Commencement: _____

Course Duration: _____

Full or Part-Time: _____

A copy of the following documents must accompany your application:

- 1. Birth Certificate, Passport or Drivers Licence**
(As proof of your Date of Birth)

AND

- 2. A letter addressed to you, on headed paper, from your college etc. confirming details of your “Full-Time” course**
(As proof of your “Full-Time” Education)

**** For Office Use Only ****

Proof of DOB Attached: **YES** **NO**

If Yes, Document Type: _____

Letter from College Attached: **YES** **NO**