



CASTLETROY GOLF CLUB – MEMBERSHIP APPLICATION

APPLICANT NAME

GENDER

DATE OF BIRTH

HOME ADDRESS

HOME TELEPHONE

MOBILE NUMBER

EMAIL ADDRESS

EMERGENCY CONTACT

EMERGENCY CONTACT NO.

MEMBERSHIP OF OTHER CLUBS

CLUB NAME

MEMBERSHIP CATEGORY

DATE OF MEMBERSHIP

OFFICE HELD (IF ANY)

GOLF IRELAND NUMBER

HANDICAP INDEX

HANDICAP HOME CLUB

TRANSFER HANDICAP TO CASTLETROY: YES NO

EMERGENCY CONTACT NO.



ANY OTHER INFORMATION RELEVANT TO YOUR APPLICATION:

[Large empty grey box for additional information]

MEMBERSHIP CATEGORY APPLYING FOR (CHOOSE ONE ONLY):

FULL MEMBERSHIP	<input type="checkbox"/>	COUNTRY MEMBERSHIP	<input type="checkbox"/>
INTERMEDIATE MEMBERSHIP (24-29)	<input type="checkbox"/>	PAVILION MEMBERSHIP	<input type="checkbox"/>
YOUNG ADULT MEMBERSHIP (18-23)	<input type="checkbox"/>	OVERSEAS MEMBERSHIP	<input type="checkbox"/>

PROPOSER AND SECONDER:

Please note your Proposer and Secunder must hold membership of Castletroy Golf Club for a minimum of three years. Your application must be accompanied by a letter of recommendation from both your Proposer and Secunder, indicating your period of acquaintanceship and reasons for approval.

PROPOSER (BLOCK CAPITALS)

SIGNATURE

SECONDER (BLOCK CAPITALS)

SIGNATURE

INTRODUCED BY



USE OF YOUR PERSONAL INFORMATION

We use the information you supplied to us to fulfil our contractual obligations to you as a member of Castletroy Golf Club in accordance with the Club’s Constitution. We share this information with our external and internal Data Processors as outlined in our Data Protection Policy.

If you choose to be allocated a Handicap Index (HI), your golf scores and HI will be made available to other members of this golf club via HowDidIDo, Golf Ireland App and other technology platforms for the purpose of Peer Review.

We would like to be able to communicate with you regarding the club’s activities and in order to do so, we require your consent by ticking the boxes below.

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

EMAIL	<input type="checkbox"/>	MOBILE (CALL/SMS/TEXT)	<input type="checkbox"/>
TELEPHONE	<input type="checkbox"/>	ADDRESS	<input type="checkbox"/>

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

I confirm that I am over the age of 18 and have read, understood and agree with the way my data will be used by Castletroy Golf Club.

SIGNATURE	<input type="text"/>	DATE	<input type="text"/>
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DECLARATION

By signing this application, I consent to Castletroy Golf Club sharing my details with Golf Ireland for the purposes of handicap administration and utilising the World Handicap System.

I understand that should my membership application be successful, I will be bound by the club’s Constitution and code of conduct.

NAME (BLOCK CAPITALS)

SIGNATURE	<input type="text"/>	DATE	<input type="text"/>
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