



WESTPORT GOLF CLUB

Address: Carrowholly Westport Co. Mayo
Email: info@westportgolfclub.com

MEMBERSHIP APPLICATION

Tel: + 353 98 28262 / + 353 98 27070 Fax: + 353 98 24648
Web www.westportgolfclub.com

Category of Membership **Tick one box only** # Age on 1st January year of membership

Full *Family # Senior (Age 65 +) 5 Day Country Distant Overseas

Beginner (Year 1) Beginner (Year 2) Intermediate Beginner (Year 3)

Juvenile (Age U/13) # Junior (Age 13-18) # Student (Age 18 – 24)

Intermediate (Age 18-20) # Intermediate (Age 21-24)

Name: _____

Address: _____

Telephone: Mobile: _____ Home: _____

Email: _____ The Club may send me periodic email with offers. Yes No

Date of Birth: _____ Day/Month/Year.

Have you been a member of a Golf Club (Including Westport) in the past? Yes No

If yes - Club _____ Membership Category _____ H/cap _____

Are you currently a member of any other Golf Club? Yes No

If yes please give details: Club _____ H/cap _____ G.U.I.no. _____

***FAMILY MEMBERSHIP DETAILS (Please use Block Capitals)**

Adult: (1) _____ D.O.B. / /

Adult: (2) _____ D.O.B. / /

Child: (1) _____ D.O.B. / /

Child: (2) _____ D.O.B. / /

Child: (3) _____ D.O.B. / /

Proposed By: _____ (Block Capitals) _____ (Signature)

Seconded By: _____ (Block Capitals) _____ (Signature)

I wish to apply for membership of Westport Golf Club and if elected agree to pay all relevant fees and abide by the rules, regulations and Constitution of the Club during my membership. I confirm that the above details are correct to the best of my knowledge and I understand that the information given will not be shared with 3rd Parties.

Signature of Applicant: _____ Date: _____