

NEWBRIDGE GOLF CLUB

BARRETTSTOWN NEWBRIDGE Co. KILDARE

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Est. 1997

NEWBRIDGE GOLF CLUB MEMBER APPLICATION

"When application form complete, information kept in strictest confidence"

1. PERSONAL INFORMATION [PRINT All Information]

a. Full Name:

b. Date of Birth: Day [] Month [] Year []

c. Current Address:

County:

d. e-mail Address:

e. Home Ph No.:

f. Mobile Ph No.:

2. GOLF INFORMATION

a. Are You A Member Of A Golf Club: YES [] NO [] Please Tick

If YES, State Golf Club Name:

b. Have You A GUI Handicap [H/Cap] YES [] NO [] Please Tick

State GUI H/Cap State: [] [Enter H/Cap]

Complete Para 2c if Applicant Has NOT A GUI H/Cap

c. Are You A Member Of A Golf Society: YES [] NO [] Please Tick

If YES, State Golf Society Name: Society H/Cap []

Send copy of your GUI H/Cap Cert to Club Secretary if applicable

3. MEMBERSHIP

a. Please State Type Of Membership Required: Please Tick one (1) Selection

MEMBERSHIP: Full [] Seniors [Over 65] [] 5 Day []

Juvenile U-16 [] Junior 17/18 [] Junior 18+ [] [Full Time Education]

Complete Para 3b & 3c, If NOT A Member Of Newbridge Golf Club

b. Proposed By: Signature: [Must Be A Member of NGC]

c. Second By: Signature: [Must Be A Member of NGC]

MEMBERSHIP PAYMENT METHOD:

d. Payment Method: Cash [] Cheque [] Direct Debit []

e. Payment Accompanying Application Form: YES [] Total [€] NO Payment []

I Confirm To The Best Of My Knowledge, The Information On This Application Form To Be Correct

APPLICANTS SIGNATURE:

DATE:

4. NGC OFFICIAL USE ONLY

a. Application Form Processed: YES [] b. Applicant Accepted: YES [] NO []

c. Club Database updated: YES [] d. H/Cap Set Up: YES []

e. Golf Insurance Cover: YES []

f. Remarks:

NGC Membership ID Number: ID Number: []

Application Processing Officer: [PRINT Name]

Signature:

Date: