



Newbridge Golf Club

Tankersgarden Newbridge Co Kildare

Telephone: 045 486110 E-Mail: info@newbridgegolfclub.com Website: www.newbridgegolfclub.com

Membership Application Form

1. Personal Information (Please Print Clearly)

All Questions Must Be Answered

Full Name:

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

Address:

County

E-Mail

Home Phone:

Mobile Phone:

2. Golf Information:

Are you currently a member of a Golf Club: Yes [] No []

If Yes: Name of Golf Club: Handicap [] Golfnet No:

An authorised copy of your detailed player Handicap record from your Club's handicap software will be required (clause 7.7(e) Congu UHS

If No: Have you ever been a member of a Golf Club: Yes [] No []

If Yes: Name of Golf Club: Initial Handicap [] Lowest Handicap []

An authorised copy of your detailed player Handicap record from your Club's handicap software will be required (clause 7.7(e) Congu UHS

3. Other Information:

Have you ever been a member of a Golf Society: Yes [] No []

If Yes: Name of Golf Society: Society Handicap: []

Have you played Pitch & Putt: Yes [] No [] If Yes: Handicap Held: []

If No: Other Sporting experience-if any

4. Membership Categories:

Please state Category of Membership Required:

Full: [] Senior: (over 65yrs) [] 5 Day: [] Inter 1: [] Inter 2: []

Juvenile u-16: [] Junior 17/18: [] Junior 18+: [] full time education

5. Membership Payment Method:

Cash: [] Cheque: [] Standing Order: []

Payment accompanying Application Form: Yes: [] No: [] Total: [€]

€6 will be deducted from your Competition Fee's a/c once you have been issued your GUI CARD except u- 16 Juv's

****I confirm to the best of my knowledge all Information on this Application Form to be Correct****

Applicants Signature:

Date:

Proposed by:

Signature:

Seconded by:

Signature:

both of the above Must be a Member of Newbridge Golf Club

NGC Official Use Only

Application Form Processed: Yes [] Applicant Accepted: YES [] NO []

Club Database Updated: Yes [] Handicap Set Up: YES []

Golf Insurance Cover: Yes []

Remarks:

NGC Membership ID Number:

Application Processing Officer:

Signature:

Date: