



APPLICATION FORM FOR MEMBERSHIP

CLASS OF MEMBERSHIP APPLIED FOR SPECIFYING ORDER OF PREFERENCE (1, 2 OR 3)

FULL _____ SIX DAY _____ PAVILION _____ INTERMEDIATE (19-30YRS) _____ COUNTRY _____ OVERSEAS _____

FULL NAME: _____ DATE OF BIRTH: _____

ADDRESS: _____

TELEPHONE: HOME: _____ MOBILE: _____

EMAIL ADDRESS: _____

FULL NAME OF EMPLOYER/SELF EMPLOYED: _____

POSITION HELD: _____

PRESENT GOLF CLUB: _____ HANDICAP: _____

OTHER CLUB MEMBERSHIPS: _____

SIGNATURE OF CANDIDATE: _____ DATE: _____

TO BE COMPLETED BY PROPOSERS

NAME OF PROPOSER (1) _____ (PLEASE PRINT)

SIGNATURE OF PROPOSER 1 : _____ YEAR OF ELECTION: _____

*RELATIONSHIP TO CANDIDATE _____ HOW LONG KNOWN _____

NAME OF PROPOSER (2) _____ (PLEASE PRINT)

SIGNATURE OF PROPOSER 2 : _____ YEAR OF ELECTION: _____

*RELATIONSHIP TO CANDIDATE _____ HOW LONG KNOWN _____

NAME OF PROPOSER (3) _____ (PLEASE PRINT)

SIGNATURE OF PROPOSER 3 : _____ YEAR OF ELECTION: _____

*RELATIONSHIP TO CANDIDATE _____ HOW LONG KNOWN _____

PLEASE NOTE THAT PROPOSER 1 MUST ALSO PROVIDE A LETTER STATING THEIR PERSONAL KNOWLEDGE OF THE APPLICANT

Attention is drawn to the fact that this NOMINATION is the responsibility of the Proposers and as such; it is not to be taken lightly. The onus is on the Proposers to ensure that the person nominated is of good character and reputation. The Proposers affirm this by signing this document.

DISCOUNTS ON FEES MAY BE AVAILABLE TO FAMILY MEMBERS. PLEASE INDICATE FAMILY RELATIONSHIPS WITH OTHER MEMBERS OF THE CLUB (OTHER THAN PROPOSERS)

NAME OF MEMBER: _____ * RELATIONSHIP TO CANDIDATE: _____

*RELATIONSHIP TO CANDIDATE: Family (husband, wife, son, daughter, son/daughter in law, grandchild), Friend, Personal Acquaintance, Business Colleague.

EXPLANATORY NOTES

COMPLETED APPLICATION FORM MUST BE RETURNED TO THE GENERAL MANAGER'S OFFICE NO LATER THAN 31ST JANUARY

CANVASSING BY PROPOSERS OR APPLICANT IS PERMITTED

IT IS THE RESPONSIBILITY OF THE APPLICANT TO ENSURE THAT THE APPLICATION FORM IS COMPLETED IN FULL

Each candidate for Full Membership must be nominated by three persons who are Full Members.

Each candidate for Six Day Membership must be nominated by three persons who are either Full Members or Six Day Members.

A candidate for election for any other category of membership must be nominated by two persons who are either Full Members, Six Day Members or Five Day Members.

In all such cases the nominating member must have been a voting member of the Club for a period of not less than three consecutive years on the first day of the subscription year in which the nomination occurs.

For a person who is a Full Member time spent as a Six Day Member shall count towards the three year qualification period for the nomination of a Member. For a person who is a Six Day Member time spent as a Full Member shall count towards the three year qualification period for the nomination of a member. For a person who is a Five Day Member time spent as a Six Day member or as a Full Member shall count towards the three year qualification period for the nomination of a member. An Honorary Member is deemed to be a Full Member

MEMBERS MAY NOT PROPOSE MORE THAN TWO APPLICANTS FOR EACH MEMBERSHIP CLASS

MEMBERS OF THE SCREENING COMMITTEE ARE NOT PERMITTED TO SIGN APPLICATION FORMS.

FOR OFFICE USE ONLY

Completed Application received by the Club on: _____

Data Protection

The information you provide in this form will be used solely for dealing with you as a member of Castle Golf Club. The club has a Data Privacy Policy which can be found at www.castlegc.ie. Your data will be stored and used in accordance with this Policy.

The Club maintains a membership directory in the member section on www.castlegc.ie. This would include member's name, email addresses, phone/ mobile number and handicap.

If you consent to your data being shared in this way, please tick here.

The Club may arrange for photographs or videos to be taken of Club activities and published on our website or social media channels to promote the Club.

If you consent to your image being used by the Club in this way, please tick here.

If you wish to withdraw consent at any stage, please contact John McCormack, General Manager, Castle GC at manager@castlegc.ie.

Signature.....

Date.....