



JUNIOR  
APPLICATION FORM FOR MEMBERSHIP

FULL NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

BOTH PARENTS/GUARDIANS CONTACT DETAILS: Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_

HOME/LANDLINE NUMBER: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

NAME OF SCHOOL: PRIMARY: \_\_\_\_\_ SECONDARY: \_\_\_\_\_ PRESENT CLASS/YEAR: \_\_\_\_\_

PRESENT GOLF CLUB (IF ANY): \_\_\_\_\_ HANDICAP (IF ANY): \_\_\_\_\_

GOLFING EXPERIENCE (IF ANY): \_\_\_\_\_

OTHER SPORTS INTERESTS: \_\_\_\_\_

OTHER SPORTS CLUB MEMBERSHIPS: \_\_\_\_\_

SIGNATURE OF CANDIDATE: \_\_\_\_\_ DATE: \_\_\_\_\_

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_

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 \_\_\_\_\_

CANVASSING BY PROPOSERS OR APPLICANT IS PERMITTED

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 (son, daughter, grandchild),  
Friend, Personal Acquaintance.

SEE OVERLEAF FOR EXPLANATORY NOTES

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

EXPLANATORY NOTES

For all applications the nominating members 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](http://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](http://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](mailto:manager@castlegc.ie).

Signature.....

Date.....