



## APPLICATION FORM FOR JUNIOR MEMBERSHIP



NAME: (Commonly known as): \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

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

**BOTH PARENTS/GUARDIANS CONTACT DETAILS.** Please indicate primary point of contact.

Primary point  
of contact

Name: \_\_\_\_\_ Mobile \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

Name: \_\_\_\_\_ Mobile \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

HOME/LANDLINE NUMBER: \_\_\_\_\_

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

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

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

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

SIGNATURE OF APPLICANT: \_\_\_\_\_ 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 APPLICANT \_\_\_\_\_ HOW LONG KNOWN \_\_\_\_\_

NAME OF PROPOSER (2) \_\_\_\_\_ (PLEASE PRINT)

SIGNATURE OF PROPOSER (2) \_\_\_\_\_ YEAR OF ELECTION: \_\_\_\_\_

RELATIONSHIP TO APPLICANT \_\_\_\_\_ HOW LONG KNOWN \_\_\_\_\_

**ONLY COMPLETE THE FOLLOWING AND ATTACH A LETTER OF INTRODUCTION/RECOMMENDATION IF APPLICANT IS NOT A CHILD OR GRANDCHILD OF A FULL/SENIOR/6 DAY/5 DAY MEMBER OF THE CLUB BUT HAS A RELATIONSHIP WITH A MEMBER**

NAME OF MEMBER APPLICANT HAS RELATIONSHIP WITH	RELATIONSHIP TO APPLICANT (e.g Child, Grandchild, Sibling, Friend, Personal Acquaintance)	CATEGORY OF MEMBERSHIP Full/Senior/6 Day/5 Day/Intermediate/Junior/Pavilion)	LETTER OF RECOMMENDATION ATTACHED Y/N

EXPLANATORY NOTES

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

**CANVASSING BY PROPOSERS OR APPLICANTS IS PERMITTED BUT CANVASSING MUST CEASE AT THE END OF FEBRUARY TO ALLOW THE BOARD SUFFICIENT TIME TO REVIEW EACH APPLICATION IN DETAIL AND TO FOCUS ON THE ELECTION PROCESS.**

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

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. FOR THIS PURPOSE 6 DAY AND FULL ARE CONSIDERED ONE CLASS.

MEMBERS OF THE BOARD & 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, General Manager, Castle GC at [gm@castlegc.ie](mailto:gm@castlegc.ie)

Signature.....

Date.....