



# MEMBERSHIP PROPOSAL & APPLICATION

Full Name: \_\_\_\_\_ Gender: \_\_\_\_\_

Address (including Eircode): \_\_\_\_\_

Email Address: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Landline No: \_\_\_\_\_ Mobile No: \_\_\_\_\_

Present  / Previous  Golf Club (if any): \_\_\_\_\_

Handicap (if any): \_\_\_\_\_ If Yes, CDH Number: \_\_\_\_\_

Emergency Contact – Full Name: \_\_\_\_\_ Mobile No: \_\_\_\_\_

***CATEGORY OF MEMBERSHIP REQUIRED (Please Tick Relevant Category)***

- Ordinary  Country  Distance  Student \*\*\*  Weekday
- Clubhouse  Junior  Family  Senior Member Over 80
- Under 40 \*\*  Stay in Golf  Get into Golf

\* Proposed By: \_\_\_\_\_  
Signature \_\_\_\_\_ Block Capitals \_\_\_\_\_

\* Seconded By: \_\_\_\_\_  
Signature \_\_\_\_\_ Block Capitals \_\_\_\_\_

We use this information to allow us to fulfil our contractual obligations to you as a member in accordance with our Club’s articles/rules/constitution. We share this information with our external and internal Data Processors who adhere to our privacy policy.

We would also like to be able to correspond with you regarding our Club’s activities via the following and in order for us to carry out this processing we require you to positively opt in by completing the boxes below.

“I am happy for you to communicate with me regarding additional club activities via the following means” (please tick the relevant boxes): Post  Email  Telephone  Mobile Text

The Club will post results of competitions on our website, newspapers, notice boards and social media. If you agree to your name/photograph being shared in this way, please tick the box. YES  NO

For Junior members only, please confirm that you, as **Parent/Guardian and Junior**, have read and accepted the respective **Parent/Guardian Code of Conduct and Junior Code of Conduct** forms by ticking the box.

We may also wish to share your personal data with the professional so that they may send you information about their products and services by email. If you agree to your personal data being shared in this way, please tick the box.

“I understand that should my membership application be successful I will be bound by the Club’s article/rules/constitution.”

Should you leave the Club we would like to continue to hold your personal data so that we may contact you with details about future membership offers. If you agree to us retaining your personal data for this purpose, please tick the box.

Signed (Applicant): \_\_\_\_\_ Date: \_\_\_\_\_

**\* The Proposer and Seconder must be ordinary members of Athlone Golf Club**  
**\*\* Proof of “Date of Birth” required**  
**\*\*\* Proof of “Date of Birth” and “Full-Time Education” required**  
**Other categories may require documentation as proof of eligibility**