

Corrstown Golf Club

Corrstown, Kilsallaghan, Co Dublin

Tel: (01) 8640533, (01) 8640534

Application Form for Full Membership

Personal Details:

Name: _____

Address: _____

Occupation: _____

Telephone Numbers: _____
HOME WORK MOBILE

E-mail: _____ Date of Birth: _____

Do you hold a current handicap: Yes No

If yes, at which club? _____ H/Cap _____

Do you wish Corrstown to be your home club for handicap purposes? Yes No

If not, please state the club you wish your handicap to be held at: _____

I agree to be bound by the Rules of and Constitution of Corrstown Golf Club.

Usual Signature: _____ Date: _____

This application must be accompanied by a letter of recommendation from the proposer and seconder. Proposer and seconder must be existing members of Corrstown Golf Club.

Proposed by: _____
(SIGNATURE) (BLOCK CAPITALS)

Proposer's Address: _____

Seconded by: _____
(SIGNATURE) (BLOCK CAPITALS)

Seconder's Address: _____

I hereby consent to receive communications from Corrstown Golf Club via:

Email: Yes No

Text Message: Yes No

Social Media: Yes No

Post: Yes No

Data collected from this form will be held securely until such a time as the member requests otherwise. The data collected will be used for the purpose of maintaining membership of Corrstown Golf Club.