

Corrstown Golf Club

Corrstown, Kilsallaghan, Co Dublin

Tel: (01) 8640533, (01) 8640534

Membership Application for 25 years of age and under.

Personal Details:

Name: _____

Address: _____

Telephone Numbers: _____
HOME 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 wish to apply for membership:

30 years and under

25 years and under

(tick as appropriate)

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

Usual Signature: _____ Date: _____

Referred by: _____

Proof of age may be requested e.g. Passport, Driving license etc.

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.