



# Beaverstown Golf Club

Donabate, Co. Dublin.

Telephone: 01-8436439

Email: [office@beaverstown.com](mailto:office@beaverstown.com)

Website: [www.beaverstown.com](http://www.beaverstown.com)

## MEMBERSHIP APPLICATION FORM

Membership category being applied for: \_\_\_\_\_

*If applying for the Intermediate categories please what age were you on January 1<sup>st</sup> of this year:*

\_\_\_\_\_ years on 1 January

Applicant's Name (Block capitals): \_\_\_\_\_

Address(Block Capitals): \_\_\_\_\_

\_\_\_\_\_

Telephone (Home): \_\_\_\_\_ Work: \_\_\_\_\_

Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

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

PLEASE PLACE  
1X PASSPORT  
SIZE  
PHOTOGRAPH  
HERE

Current/Previous Golf Ireland Number (if any): \_\_\_\_\_

I certify that I am personally acquainted with the applicant and I consider he/she is eligible and I recommend him/her for membership. (Proposer and Seconder must be a member of Beaverstown Golf Club.)

Name of Proposer: \_\_\_\_\_ Name of Seconder: \_\_\_\_\_

Signature of Proposer: \_\_\_\_\_ Signature of Seconder: \_\_\_\_\_

**It is a specific provision of this membership application that the applicant acknowledges and undertakes to be bound by the Rules & Constitution of Beaverstown Golf Club, together with any agreement entered into with any party by the Trustees of the Club on behalf of the Club for the good of the Club.**

I have read the Data Protection statement of Beaverstown Golf Club (*available at [www.beaverstown.com](http://www.beaverstown.com)*) and consent to receive communications from the Club in accordance with the terms outlined.

I consent to being contacted by the following methods (*please tick all that apply*):

Email  Text  Post  Telephone

Signature of Applicant: \_\_\_\_\_

Date: \_\_\_\_\_

Office Date Stamp: