



Beaverstown Golf Club

Donabate, Co. Dublin.

Telephone: 01-8436439

Email: office@beaverstown.com

Website: www.beaverstown.com

MEMBERSHIP APPLICATION FORM

Membership category being applied for: _____

If applying for the **Intermediate categories (age 20-29)**, what age were you on January 1st of this year: _____

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): _____

PLEASE CONFIRM IF BEAVERSTOWN IS TO BE YOUR HOME CLUB: Yes or No

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 an adult golf 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*) 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: