



Phone 052-6124050 Ext 20. Email info@clonmelgolfclub.com

FORM OF APPLICATION FOR DISTANCE MEMBERSHIP
This Form when completed to be submitted to the Secretary Manager.

Name: I

Residence:

Occupation: Tel. No.

Mobile No: Email address.

Golf Ireland no of last Club

Hereby make application to be elected a member of Clonmel Golf Club. If elected, I agree to be bound by the memorandum and Articles of Association and the Rules, regulations and the Bye – Laws of the Club for the time being in force. The following particulars are required.

23 -30		30-40		40-50		Over 50	
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1. Date of Birth..... Age
2. Have you played golf? Yes/No
3. Have you played Pitch & Putt? Yes/NoClub.....Handicap.....
4. Are you, or have you been a member of any other Golf Club(s) Yes/No.....
 ClubYear(s)Lowest Handicap
 ClubYear(s)Lowest Handicap
5. Are you or were you ever a member of a Golf Society? Yes/No.....
 Society Name.....

6. Criteria:

**** Note Distance members shall mean members (either Ladies or Gentlemen) who reside 80km from Clonmel Golf Club. Members must play 3 rounds of golf at Clonmel Golf Club in order to obtain a handicap and may not win the Captain’s or President’s Prize and are not eligible to win Player of the Year events or win Player of the Year Award. No voting rights at the AGM/EGM.**

Date:Signature of candidate

For Office Use Only.

Date received _____

**Passed /rejected for membership at the Management Meeting of Clonmel Golf Club
on the _____ day of _____ 202__**

Golf Ireland Number _____

Signature of Secretary Manager _____

**Forwarded to Handicap Secretary on _____ day of _____ 202__ for
allocation of Handicap.**

Handicap Assigned _____

Signature of Handicap Secretary _____

Date: - _____

Other Information
