



**FORM OF APPLICATION FOR MEMBERSHIP  
New Member Offer 2024**

This Form when completed to be submitted to the Secretary Manager.

Name: I .....

Residence: .....

Occupation: ..... Tel. No. ....

Mobile No: ..... Email address. ....

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. Age ..... Date of birth.....
2. Have you played golf? Yes/No .....
3. Have you played Pitch & Putt? Yes/No .....Club.....Handicap.....
4. Are you, or have you been a member of any other Golf Club(s) Yes/No.....  
Club .....Year(s) .....Lowest Handicap .....  
Club .....Year(s) .....Lowest Handicap .....
5. Are you or were you ever a member of a Golf Society? Yes/No.....  
Society Name.....
6. The following conditions are attached to this category of Membership:-
  - 1) Applicants may not win the Captain’s or President’s Prize or any Player of the Year competitions in the first 2 years of this offer;
  - 2) Applicants must be either new members to Clonmel Golf Club or lapsed for 5 years;
  - 3) Full voting rights at AGM/EGM.

Date: .....Signature of candidate .....

**Certification by the Proposer & Seconder.**

The above-named candidate is personally known to me and I believe him / her to be a suitable person to be elected a member of Clonmel Golf Club.

Signature of the Proposer .....Please Print.....

Signature of the Seconder .....Please Print.....

