



**LAYTOWN AND BETTYSTOWN GOLF CLUB
MEMBERSHIP APPLICATION**

Attach Passport Photo

Applicant's Name (Mr/Mrs/Ms): _____

Applicant's Address: _____

Home 'Phone: _____ Mobile No: _____

Email: _____ Date of Birth: _____

Family Relationship to current Member (Yes/No)

If Yes, state name and relationship: _____

Type of Membership being applied for

Full 5-Day Intermediate

Golf Details (Other Clubs)

Club	Category of Membership	H'cap	From	To

*Proposer (Print) _____ Signature: _____

*Secunder (Print) _____ Signature: _____

Note; Proposer and Secunder must be a Full Member or Associate Member of at least 3 years standing. They must not be an Officer or Elected Committee Member of either Club or Board of Management.

By signing this application form, I acknowledge that I have received and read the Data Protection Policy of Laytown and Bettystown Golf Club and I confirm that any personal data provided by me to the Club in support of my application for Membership may be used by the Club in accordance with the terms of that policy in the event that this application for Membership is approved.

Applicant (Print) _____ Signature: _____ Date: _____

The completed application form should be returned to the Office together with;

- Individual letters of support from both the Proposer and Secunder outlining why they consider the applicant suitable to be a member of Laytown and Bettystown GC.
- Passport style photograph – signed on reverse.
- Incomplete applications will not be considered.

For Office use; Date Rec'd: _____ Interview Date: _____ Decision: _____