



## Luttrellstown Castle (Men's and Ladies) Golf Club Nomination Form for Membership Candidate Details

|                   |       |                   |         |
|-------------------|-------|-------------------|---------|
| Membership Type   |       |                   |         |
| Name of Candidate |       |                   |         |
| Home Address      |       |                   |         |
| Business          | Name: | Business Address: |         |
| Telephone         | Home: | Work:             | Mobile: |
| Date of Birth     |       |                   | Email:  |

### Handicap Details

|                                                        |          |            |  |  |  |  |  |
|--------------------------------------------------------|----------|------------|--|--|--|--|--|
| Do you have an official GUI handicap                   | (Yes/No) | (Handicap) |  |  |  |  |  |
| Which golf club administers your handicap              |          |            |  |  |  |  |  |
| What is your 8-digit GUI handicap number for this club |          |            |  |  |  |  |  |
| Which club do you want to administer your handicap     |          |            |  |  |  |  |  |
| Other clubs of which you are a member                  |          |            |  |  |  |  |  |
| Playing History                                        |          |            |  |  |  |  |  |

### Candidate Signature

|                          |                                                                                                                                                                                                                                                                                                                          |
|--------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | I wish to apply for membership of Luttrellstown Castle Golf and Country Club and Luttrellstown Castle Golf Club and agree to be bound by their rules and Bye-Laws and the terms and conditions.                                                                                                                          |
| <input type="checkbox"/> | I hereby consent to the sharing of my details (name, address, phone number, email, date of birthday, gender, emergency contact) with Golf Ireland for the purposes of handicap administration and utilising the World Handicap System.                                                                                   |
| <input type="checkbox"/> | I acknowledge that I choose to be allocated a Handicap Index, my golf scores and handicap index will be visible to other members of the club via MyGolf, Golf Ireland App, MasterScoreBoard, Luttrellstown Members Website and other technology platforms for purpose of publishing competition results and peer review. |

|            |       |
|------------|-------|
| Signature: | Date: |
|------------|-------|

### Nominations

In our opinion the above-named candidate is suitable for membership, and we are pleased to support his/her application.

|                                                                   |            |       |
|-------------------------------------------------------------------|------------|-------|
| Name of Proposer (Print Name)                                     |            |       |
| Number of years Proposer has known the candidate                  |            |       |
| Proposer Signature                                                | Signature: | Date: |
| Name of Seconder (Print Name)                                     |            |       |
| Number of years Seconder has known the candidate                  |            |       |
| Seconder Signature                                                | Signature: | Date: |
| <b>NOTE: THE PROPOSER AND SECONDER SHOULD BE ORDINARY MEMBERS</b> |            |       |
| Authorised Company Signature:                                     | Signature: | Date: |

**ALL SELECTIONS MUST BE COMPLETED AND AUTHORISED BY THE COMPANY BEFORE MEMBERSHIP CAN BE APPROVED**

Procedures for providing certified playing handicap for competition purposes for the men's club at Luttrellstown GC.

If you have a playing handicap with a registered golf club then in order to compete in the Luttrellstown men's club competitions you must provide our handicap secretary (luttrellstownhandicap1@gmail.com) with a copy of your handicap certificate. This can easily be obtained from your club secretary.

If you do not have a registered handicap provided by the GUI then you must follow the below procedures:

- 1) You must provide three 18 hole completed scorecards to the handicap secretary.
- 2) These cards must be from the course at Luttrellstown Golf Club.
- 3) These cards must be signed by a registered member of Luttrellstown Golf Club who holds a current playing handicap.
- 4) Failure to provide these cards or a current handicap certificate will prohibit you from entering all competitions run by the men's club.
- 5) Completed cards should be marked "for handicap" and placed in the box for cards beside the log in computer.

SIGNED by Applicant: \_\_\_\_\_