

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

Candidate Details

Membership Type	Eg. 7 Day, 5 Day or Student		
Name of Candidate			
Home / Business Address			
Business Name			
Telephone	Home:	Work:	Mobile:
Email			
Date of Birth			
Occupation			

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					
Have you played in Golf Societies, if so where and what is / was your society handicap?					
What other ball sports have you played and to which level? (Hurling, Hockey, Camogie, Tennis)					

Candidate Signature

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.

Signature:	Date:
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Nominations

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

Name of Proposer		
Number of years Proposer has known the candidate		
Proposer Signature	Signature:	Date:
Name of Seconder		
Number of years Seconder has known the candidate		
Seconder Signature	Signature:	Date:
NOTE: THE PROPOSER AND SECONDER SHOULD BE ORDINARY MEMBERS		
Authorised Company Signature:		
ALL SELECTIONS MUST BE COMPLETED AND AUTHORISED BY THE COMPANY BEFORE MEMBERSHIP CAN BE APPROVED		