



LUTTRELLSTOWN CASTLE  
RESORT  
★★★★★

# MEMBERSHIP NOMINATION FORM

## LUTTRELLSTOWN CASTLE GOLF CLUB

Membership Plan		
Membership Plan Types	Annual Membership Fee	Please tick which membership you are applying for
Introductory Membership	€2,250	
Full Membership	€2,500	
Couple Membership	€4,400	
Five Day Membership	€1,200	
Student Membership	€1,100	

New Member Details			
Name			
Address			
Business Name			
Telephone	Home:	Work:	Mobile:
Email			
Date of Birth			
Occupation			
Partner Name	(if applying for couple membership)		

Luttrellstown Castle Resort, Castleknock, Dublin, D15 RH92  
Tel: + 353 1 860 9600 Email: LMcCool@luttrellstown.ie

**[luttrellstowncastle.com](http://luttrellstowncastle.com)**

Terms & Conditions Apply



## 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		
Do you wish to pay your GUI/ILGU fee to Luttrellstown Castle Resort?	(Yes/No) *Golfsure renewal period runs April to March each year.	
Do you wish to pay your Golfsure Insurance to Luttrellstown Castle Resort?		
Have you played in Golf Societies, if so where and what is / was your society handicap?		

## Member Applicant Signature

I wish to apply for membership of Luttrellstown Castle Golf Club and agree to be bound by their rules and Bye-Laws and the terms and conditions.	
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		
Number of years Proposer has known the candidate		
Proposer Signature	Signature:	Date:
Name of Seconder		
Number of years Seconder has known the candidate	Signature:	Date:
Seconder Signature		
<b>NOTE: THE PROPOSER AND SECONDER SHOULD BE ORDINARY MEMBERS</b>		
Authorised Company Signature:		

All selections must be completed and authorised by the company before membership can be approved

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