



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: |
| 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 | | | | | | | |
| Other clubs of which you are a member | | | | | | | |
| Playing History <small>(Please provide any details you can about your previous golfing experience. i.e. previous handicaps, golf societies, previous clubs, etc.)</small> | | | | | | | |

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: |
|------------|-------|

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