

STROKESTOWN GOLF CLUB

Membership Application Form

I wish to apply for membership of Strokestown Golf Club as follows:

1. **Family**..... Fee €550 plus GUI & ILGU Levy.
2. **Single Male** Fee €400 plus GUI Levy.
3. **Singe Female** Fee €400 plus ILGU Levy.
4. **Country **** Fee €220
5. **Distant ***** Fee €150 plus GUI or ILGU Levy.
6. **University** Fee €100 plus GUI or ILGU Levy.
7. **1st Year Beginner** Fee €250 plus GUI or ILGU Levy
8. **2nd Year Beginner** Fee €300 plus GUI or ILGU Levy
9. **Junior (<18 yrs)** See Separate Application Form

GUI Levy = €27 ILGU Levy = €28

Name(s) _____

Address: _____

Address: _____

Address: _____

Eircode: _____

Date of Birth: ____ / ____ / ____

Telephone No: _____

E Mail Address _____ @ _____

Signature of Applicant: _____ Date: ____ / ____ / ____

Proposer _____ Seconder _____

Proposer and Seconder must be current members of Strokestown Golf Club.

Previous Club (if any): _____

Previous Handicap (if any): _____

** Country Members shall comprise persons whose residence is 12 miles distant or more from the course and are voting members of another affiliated Golf Club.
(Constitution Rule 11.4.4) Club Name: _____

*** Distant members shall comprise persons whose residence is 50 miles distant or more from the course
(Constitution Rule 11.4.8)