



STROKESTOWN GOLF CLUB

Membership Application Form 2024

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

1. **Family** Fee €640 (Family membership consists of two adults only.)
2. **Single Male**..... Fee €450
3. **Single Female**.....Fee €450
4. **Country****Fee €220
5. **Distant*****Fee €200
6. **1st Year Beginner**Fee €250
7. **2nd Year Beginner**Fee €250
8. **3rd Year Beginner**Fee €350
9. **Mature Student**..... Fee €185
10. **Student under 21yrs** Fee €100
11. **Junior (<18yrs)** See Separate Application Form

Please circle relevant category

The above fees are inclusive of Golf Ireland levies,(where applicable). Please note these fees apply for the calendar year 2024 and will be revised in January 2025

Name(s) _____

Address: _____

Address: _____

Address: _____

Eircode _____

Date of Birth: ____/____/____

Mobile No: _____

Email address _____ @ _____

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

Proposed by: _____ Seconded by: _____

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

Previous Club (if any): _____ Previous Handicap (if any): _____

** Country Members shall comprise persons that reside 12 miles or more from the course and are voting members of another affiliated Golf Club. (Constitution Rule 11.4.4)

*** Distant members shall comprise of persons that reside 50 miles distant or more from the course (Constitution Rule 11.4.8)

Club Name: _____ Membership Number _____