

# TUAM GOLF CLUB

## COUNTRY MEMBERSHIP APPLICATION 20 2012

FULL NAME. \_\_\_\_\_

ADDRESS. \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

PHONE (HOME) \_\_\_\_\_ (WORK) \_\_\_\_\_

PHONE (MOBILE) \_\_\_\_\_

HOME CLUB \_\_\_\_\_

HANDICAP. \_\_\_\_\_

PROPOSED BY. \_\_\_\_\_

SECONDED BY. \_\_\_\_\_

SIGNATURE. \_\_\_\_\_

### TO BE COMPLETED BY HOME CLUB SECRETARY.

\_\_\_\_\_ IS A FULL MEMBER OF

\_\_\_\_\_ GOLF CLUB - HANDICAP \_\_\_\_\_

COMMENTS. \_\_\_\_\_

SIGNED. \_\_\_\_\_ DATE. \_\_\_\_\_

THE COUNTRY MEMBERSHIP FEE OF € 360 MUST  
ACCOMPANY THIS APPLICATION