

TUAM GOLF CLUB

COUNTRY MEMBERSHIP APPLICATION 2018

FULL NAME _____

ADDRESS _____

DATE OF BIRTH _____

PHONE(HOME) _____

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 €200 MUST ACCOMPANY
THIS APPLICATION**