

**TUAM GOLF CLUB**

**COUNTRY MEMBERSHIP APPLICATION**

**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**