



Application for Membership

Title	First Name	Surname
Date of Birth	Address	
Phone Number	Mobile Number	Email (please write clearly) *
Type of Membership <i>(please tick one)</i> Male <input type="checkbox"/> Female <input type="checkbox"/>	Full <input type="checkbox"/> Introductory <input type="checkbox"/> Young Adult <input type="checkbox"/> Distant <input type="checkbox"/> Student <input type="checkbox"/>	Junior <input type="checkbox"/> Juvenile <input type="checkbox"/> Academy <input type="checkbox"/> Pavilion <input type="checkbox"/> 5 Day <input type="checkbox"/>
Previous Golf Experience <i>(if applicable)</i>	Golf Club	CDH number & Handicap
	Golf society name & handicap	Par 3 golf name & Handicap
Additional information <i>(You may include additional information in support of your application)</i>		

Proposed by (Wexford Golf Club full member)

Seconded by (Wexford Golf Club full member)

Mobile No: _____

Mobile No: _____

* By providing an e-mail address, I consent to receiving booking confirmations and other golf related communications/information via email from Wexford Golf Club or affiliated partners (see the privacy policy on <http://www.wexfordgolfclub.ie>)