



Application for Membership

Title	First Name	Surname
Date of Birth	Address	
Phone Number	Mobile Number	Email
Type of Membership <i>(please tick one)</i>	Full Distant Pavillion	Junior/Juvenile Student
Previous Golf Experience <i>(if applicable)</i>	Golf Club	CDH Number & Handicap
	Society Golf	
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)
