



Membership Application Form

Please complete (in block letters) the application form and return it with your subscription to:
Accounts Department, 44 Northumberland Road, Dublin 4, Ireland. Tel: 087 2481 480

LAST NAME	_____	FIRST NAME	_____
Home Address	_____	Business Address	_____
Street	_____		_____
Town	_____		_____
City	_____	Name of Company	_____
Country	_____		_____
Telephone No.	_____		_____
Occupation	_____		_____
Date of Birth	_____		
E-mail Address	_____		

Sex Male Female

Are you a member of any other Golf Club? Yes No

Name of Other Club: _____

Do you hold a current Handicap from a Golfing Union? Yes No

Current Handicap (if any) _____

Each Applicant must supply the name and address and telephone no. of two independent persons from whom character references may be obtained.

1. Name	_____	2. Name	_____
Address	_____	Address	_____
	_____		_____
	_____		_____
Tel. No.	_____	Tel. No.	_____

I wish to apply for Ordinary non voting Pay as you Play Membership €500.00

Please find enclosed a cheque for _____

Signed

I agree to be bound by the rules and constitution of The Hibernian Golf Club.
Note: Applications that are not successful will be refunded in Full by the Club.
Please allow two weeks for processing your application.

For Official use only: _____
