

BALLYHEIGUE CASTLE GOLF CLUB

Ballyheigue, Tralee, Co. Kerry

Phone: 066 7133555

Email: golf@ballyheiguecastlegolfclub.com Website: www.ballyheiguecastlegolfclub.com



ANNUAL MEMBERSHIP FORM

Please return the completed form to:

The Secretary/Manager, Ballyheigue Castle Golf Club, Ballyheigue, Co. Kerry.

The Application Form must be countersigned by one (1) current member of Ballyheigue Castle Golf Club.

Name: _____ **Phone No:** _____

Email: _____

Address: _____

If you have previously been/currently are a member of a Golf Club please state:

Name of Golf Club: _____

Handicap: _____

I agree to abide by the Constitution, Rules, Regulations and Bye-Law of Ballyheigue Castle Golf Club. I understand that any fee paid by me will be refunded if this application is not successful.

SIGNATURE OF APPLICANT: _____

DATE: _____

We, the undersigned Proposer, know the applicant and recommend this application for membership of Ballyheigue Castle Golf Club.

SIGNATURE OF PROPOSER: _____

DATE: _____

(Any information given is strictly confidential and for the sole purposes of Ballyheigue Castle Golf Club. No information, in full or part, will be given to a third party.)