



NEW MEMBERSHIP APPLICATION FORM 2025

PLEASE COMPLETE APPLICATION FORM IN FULL

| | |
|---------------|--|
| Name | |
| Home Address | |
| Date of Birth | |
| Mobile Phone | |
| Email | |
| Home Phone | |

BUSINESS DETAILS

| | |
|----------------|--|
| Company | |
| Address | |
| Website | |
| Work Email | |

GOLF CLUB

| | |
|--------------------|--|
| Exact WHS HC Index | |
|--------------------|--|

OVER 35's

Entrance Fee & Sub
(€300 plus €200 sub)

€500

UNDER 35's

Entrance Fee & Sub

€150

PAY BY BANK TRANSFER

IBAN

IE35 AIBK 931012 7716 5035

SUBMIT TO - Hon Sec CCGS, Conor Dalglish, 26 Belmont Square, Raheny, Dublin 5. Ph. 087 2471784

NB To be considered for Membership of the society, your subscription and fully completed application form must be received by the Hon Sec no later than 31 January 2025

MATCHPLAY ENTRY FORM 2025

| | | | |
|----------------|---|------|----------------------|
| SINGLES: | <input type="text"/> | FEE: | €10 |
| FOURBALL: | <input type="text"/> | FEE: | €20 PER TEAM* |
| FOURBALL TEAM: | <p><small>*Please; ONLY pay your half of the Fourball Fee</small></p> <p>..... &</p> <p align="center"><small>N.B Please enter both names here</small></p> | | |

PLEASE NOMINATE CCGS MEMBERS THAT SUPPORT YOUR APPLICATION:

| | |
|--|-------------|
| Proposed by: | NAME: |
| <small>(member of min 3 years) Signature</small> | |
| Seconded by: | NAME: |
| <small>(member of min 3 years) Signature</small> | |

IN BLOCK CAPITALS

Please list any other Society members that you may know:

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|--|
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