



All sections of this application form must be completed in block capitals

|                                     |  |  |  |  |  |  |  |  |  |  |                                       |  |   |  |   |  |  |  |  |
|-------------------------------------|--|--|--|--|--|--|--|--|--|--|---------------------------------------|--|---|--|---|--|--|--|--|
| <b>First Name(s)</b>                |  |  |  |  |  |  |  |  |  |  |                                       |  |   |  |   |  |  |  |  |
| <b>Surname</b>                      |  |  |  |  |  |  |  |  |  |  |                                       |  |   |  |   |  |  |  |  |
| <b>Title</b> (Mr/Mrs/Miss/Ms/Other) |  |  |  |  |  |  |  |  |  |  | <b>Date of Birth:</b> (Must be 24-29) |  | / |  | / |  |  |  |  |
| <b>Home Address</b>                 |  |  |  |  |  |  |  |  |  |  |                                       |  |   |  |   |  |  |  |  |
|                                     |  |  |  |  |  |  |  |  |  |  |                                       |  |   |  |   |  |  |  |  |
| <b>Email Address</b>                |  |  |  |  |  |  |  |  |  |  |                                       |  |   |  |   |  |  |  |  |
| <b>Mobile Telephone No.</b>         |  |  |  |  |  |  |  |  |  |  |                                       |  |   |  |   |  |  |  |  |
| <b>Home Telephone No.</b>           |  |  |  |  |  |  |  |  |  |  |                                       |  |   |  |   |  |  |  |  |
| <b>Occupation</b>                   |  |  |  |  |  |  |  |  |  |  |                                       |  |   |  |   |  |  |  |  |
| <b>Business Address</b>             |  |  |  |  |  |  |  |  |  |  |                                       |  |   |  |   |  |  |  |  |
|                                     |  |  |  |  |  |  |  |  |  |  |                                       |  |   |  |   |  |  |  |  |
| <b>Business Telephone</b>           |  |  |  |  |  |  |  |  |  |  |                                       |  |   |  |   |  |  |  |  |

*For Office Use:*

|                           |  |          |          |          |  |  |  |  |
|---------------------------|--|----------|----------|----------|--|--|--|--|
| <b>New GUI / ILGU No.</b> |  | <b>0</b> | <b>3</b> | <b>2</b> |  |  |  |  |
|---------------------------|--|----------|----------|----------|--|--|--|--|

## Golf Club/Handicap history details: Must be completed by all applicants

Are you currently a member of another club?                      YES                       NO

If YES give details

**Club** \_\_\_\_\_

**GUI/ILGU Number** \_\_\_\_\_

Where do you wish to maintain your handicap – “Home Club”

**Powerscourt**

**Your existing home club as above**

**Important Note**

If you wish to transfer your handicap to Powerscourt from your existing club you must supply a signed up to date handicap certificate with this application from the club and notify them of the changes.

**Have you been a member of a golf club in the past?**                      YES                       NO

If YES please give details and relevant handicap history and GUI/ILGU numbers

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|  |

**Signed** \_\_\_\_\_

**Date** \_\_\_\_\_