



POWERSCOURT
GOLF CLUB

FULL MEMBERSHIP

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

First Name(s)																						
Surname																						
Title (Mr/Mrs/Miss/Ms/Other)																						
Home Address																						
Email Address																						
Mobile Telephone No.																						
Home Telephone No.																						
Occupation																						
Business Address																						
Business Telephone																						
Emergency Contact Phone Number																						
Membership Proposer																						

For Office Use:

Shareholders Name																						
Golf Ireland Number		0	3	2																		

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 _____ **Golf Ireland Number** _____

Where do you wish to maintain your handicap – “Home Club”
 Powerscourt Your existing home club as above

Important Note
 I understand that should my membership application be successful, and I opt to be allocated a WHS handicap index, my golf scores and handicap index will be made available to other members of this golf club via MyGolf, Golf Ireland App and other technology platforms for the purpose of Peer Review (Rule 4.4)

Have you been a member of a golf club in the past?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES please give details and relevant handicap history and Golf Ireland Numbers		

I agree to the Clubs Rules and Conditions I agree to the Clubs Privacy Statement

We would like to keep you informed about our services and related special offers which may be of interest to you. If you would like to receive such updates, please tick the boxes below to indicate how you would like to receive them. You can opt out of receiving these communications at any time.

Post SMS Email Phone

Please note that even if you do not opt to receive information about our services, we may still contact you electronically confirming reservations, course information / closures or any other changes concerning existing services which could affect you as a customer.

Signed _____ Date _____