POWERSCOURT
GOLF CLUB

Intermediate Associate Membership I

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

First Name(s)	
Surname	
Title (Mr/Mrs/Miss/Ms/Other)	Date of Birth: (Must be 24-29) / /
Home Address	
Email Address	
Mobile Telephone No.	
Home Telephone No.	
Occupation	
Business Address	
Business Telephone	
Emergency Contact Phone Number	
Membership Proposer	

For Office Use:

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 ☐ NO ☐
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** _____