



Membership Application Form Erinvale Golf Club

Type of membership being applied for (Please indicate with a x)

Main Golf Member		Independent Junior	
Spouse/Partner		Independent Student	
Dependent Junior		Special Social	
Dependent Student		Tennis	

Main Applicant – Personal Details

Title	
First Name	
Last Name	
ID/Passport Number	
Postal Address	
Residential Address	
Tel Home	
Tel Work	
Mobile	
Email Address	
Nationality	
Date Of Birth	
Membership of other Clubs	
Current Golf Handicap	
Employer	
Occupation	

Spouse – Personal Details (If Applicable)

First & Last Name	
ID/Passport Number	
Mobile	
Email Address	
Date Of Birth	
Membership of other Clubs	
Current Golf Handicap	



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Junior – Personal Details (If Applicable)

First & Last Name	
ID/Passport Number	
Mobile	
Email Address	
Date of Birth	
Membership of other Clubs	
Current Golf Handicap	

First & Last Name	
ID/Passport Number	
Mobile	
Email Address	
Date Of Birth	
Membership of other Clubs	
Current Golf Handicap	

Proposer Details (A current Member who proposes a candidate for membership)

Proposer First & Last Name	Signature	Membership Number
Seconder First & Last Name	Signature	Membership Number

Applicant Signature

Signature		Date	
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To be completed by a Committee Member or the Director of Golf

Interviewer	
Date Interviewed	
Accepted or Declined	
Comments	
Signature	