



Membership Application Form

Title: _____ First Name: _____ Surname: _____

Address: _____

Phone No: _____ Email: _____

Date of Birth: ____/____/____ Occupation: _____

Previous Golf Club (if any): _____ Exact Handicap (if any): _____

How did you hear about Elmgreen Golf Club? _____

Are you a Member of another golf club? Yes/No If Yes, name of Club: _____

Were you referred by an existing Member? Yes / No If Yes, name of Member: _____

Please select the Membership category you are applying for;

- | | | | |
|--------------------------|-------------------------------|------------------|-------------------------------|
| 5 Day Pay & Play | €350 <input type="checkbox"/> | 7 Day Pay & Play | €450 <input type="checkbox"/> |
| 5 Day Full | €550 <input type="checkbox"/> | 7 Day Full | €850 <input type="checkbox"/> |
| Intermediate* (Up to 32) | €600 <input type="checkbox"/> | Student* | €250 <input type="checkbox"/> |
- *Proof of age required *Student ID required

All prices are exclusive of GUI Levy €30/ILGU Levy €34 & GolfSure Insurance €25

Payment € _____ Cheque Postal Order Bank Transfer Cash Direct Debit Credit/Debit Card

Cheque/Postal Order	Cheques/Postal Order made payable to Euro Golf Services Ltd
Online Banking	IBAN: IE68 AIBK 9312 2513 4542 72 BIC: AIBKIE2D
Bank Lodgement	Account Number: 13454-272 Sort Code: 93-12-25

*Please ensure that you clearly reference your name when making online payment or bank lodgement

Signature: _____ Date: ____/____/____

I agree to receive emails and/or text messages from Elmgreen Golf Club

Post To; Elmgreen Golf Club,
Castleknock
Dublin 15

Tel: 01 8200 797
Website: www.elmgreengolfclub.ie
Email: info@elmgreengolfclub.ie

Official Use Only

Amount Received: € _____ Received By: _____ Date ____/____/____ GUI Number: _____