

**MEMBERSHIP APPLICATION FORM 2023**

FIRST NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SURNAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PLEASE USE BLOCK CAPITALS

ADDRESS\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ EMAIL\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TELEPHONE (LANDLINE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (MOBILE) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMERGENCY CONTACT NUMBER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DO YOU HOLD A CURRENT HANDICAP ?\_\_\_\_\_\_\_\_\_ IF NO: HAVE YOU EVER HELD ONE ?\_\_\_\_\_\_\_\_\_\_

IF YES: WHAT IS YOUR GOLF IRELAND MEMBERSHIP NUMBER ? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

AWAY CLUB’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ WHS HANDICAP \_\_\_\_\_\_\_\_\_

**COMMUNICATION WILL BE BY EMAIL AND/OR PHONE SO PLEASE PROVIDE BOTH EMAIL ADDRESS AND MOBILE PHONE NUMBERS. BY PROVIDING YOUR EMAIL ADDRESS YOU AGREE TO RECEIVE COMMUNICATION BY EMAIL FROM THE CLUB.**

1. FAILURE TO PROVIDE FULL AND ACCURATE INFORMATION WILL RESULT IN YOUR APPLICATION BEING REFUSED.

2. APPLICANTS MAY BE REQUESTED TO SUPPLY ADDITIONAL INFORMATION AND/OR TO ATTEND FOR INTERVIEW.

3. THE LODGEMENT OF THIS APPLICATION DOES NOT ESTABLISH ANY ORDER FROM WHICH NEW MEMBERS MAY BE APPOINTED.

4. RATHSALLAGH COUNTRY CLUB HAS THE RIGHT TO REFUSE MEMBERSHIP AND IS NOT OBLIGED TO GIVE REASONS.

5. THERE SHALL BE NO ENTITLEMENTS FROM MEMBERSHIP UNTIL THE APPLICANT HAS BEEN NOTIFIED OF ACCEPTANCE AND DUE RECEIPT OF THE SUBSCRIPTION, LEVIES, FEES AND OTHER CHARGES, AS ADVISED AT TIME OF APPLICATION.

6. ACKNOWLEDGEMENT OF MEMBERSHIP AND RECEIPT OF APPLICATIONS WILL BE E-MAILED TO APPLICANTS.

7. ORDINARY MEMBERSHIP OF RATHSALLLAGH COUNTRY CLUB ENTITLES THE APPLICANT TO MEMBERSHIP OF RATHSALLAGH GOLF CLUB (Mens’ or Ladies)

8. ONCE ELECTED, THE COUNTRY CLUB WILL TRANSFER SUCH MONIES AS ARE REQUIRED TO SECURE MEMBERSHIP OF THE GOLF CLUB. IF ELECTION IS REFUSED ALL MONIES WILL BE REFUNDED AND THIS APPLICATION ANNULLED.

9. MEMBERS AGREE TO BE BOUND BY THE RULES AND BYE-LAWS OF THE CLUB.

I UNDERSTAND THAT SHOULD MY MEMBERSHIP APPLICATION BE SUCESSFUL, (AND I OPT TO BE ALLOCATED A WHS HANDICAP INDEX), THAT MY GOLF SCORES & HANDICAP INDEX WILL BE MADE AVAILABLE TO OTHER MEMBERS OF THE GOLF CLUB VIA MYGOLF, GOLF IRELAND APP AND OTHER TECHNOLOGY PLATFORMS FOR THE PURPOSE OF PEER REVIEW. I UNDERSTAND THAT AS A CONDITION OF HOLDING A HANDICAP INDEX, THE WORLD HANDICAP SYSTEM REQUIRES THAT MY SCORING RECORD BE MADE AVAILABLE FOR VIEWING BY FELLOW CLUB MEMBERS OF THE GOLF CLUB. RULES OF HANDICAPPING STATE THAT BY “RETURNING A SCORE FOR THE PURPOSE OF OBTAINING OR MAINTAINAING A HANDICAP INDEX, THE PLAYER ACKNOWLEDGES THAT THE USE OF THEIR SCORING RECORD WILL BE AVAILABLE FOR: 1. PEER REVIEW PURPOSES (SEE RULE 4.4), 2. ISSUANCE OF HANDICAP INDEX AND 3. ADMINSTRATION AND RESEARCH PURPOSES”. INTERPRETATION 4.4/1 OF THE RULES OF HANDICAPPING STATES THAT TO FACILITATE THE PROCESS OF PEER REVIEW PLAYER SCORING RECORDS MUST BE ASSESSABLE TO ALL OTHER MEMBERS OF THE GOLF CLUB.

**I AGREE, SHOULD MY APPLICATION BE SUCCESSFUL, THAT MY CONTACT DETAILS MAY BE USED BY THE GOLF CLUB COMMITTEE AND TEAM MANAGERS OF RATHSALLAGH GOLF AND COUNTRY CLUB.**

SHOULD YOU LEAVE THE CLUB WE WOULD LIKE TO CONTINUE TO HOLD YOUR PERSONAL DATA SO THAT WE MAY CONTACT YOU WITH DETAILS ABOUT FUTURE MEMBERSHIP OFFERS. PLEASE TICK THE BOX TO AGREE TO US RETAINING YOUR PERSONAL DATA FOR THIS PURPOSE.



**MEMBERSHIP APPLICATION FORM 2023**

I CONFIRM I AM OVER THE AGE OF 18 AND HAVE READ, UNDERSTOOD AND AGREE WITH THE WAY MY DATA WILL BE USED BY THE GOLF CLUB.

IF UNDER THE AGE OF 18 A PARENT OR GUARDIAN MUST SIGN THIS FORM ON YOUR BEHALF.

**PROPOSER AND SECONDER FOR APPLICANTS MUST BE MEMBERS** OF RATHSALLAGH COUNTRY CLUB.

PROPOSER/SECONDER MAY BE ADVISED AND VERIFIED BY EMAIL IF PREFERRED.

**For Male Applicant – At least one male member to propose or second. For Lady Applicant – At least one lady member to propose or second.**

**Proposer’s signature (or email address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name in Block Capitals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Seconder’s signature (or email address)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name in Block Capitals \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NOTE: The Proposer and Seconder of successful new applicants are responsible for their introduction to the club. It is**

 **also their responsibility to ensure each new member has adequate knowledge of the etiquette of golf.**

***I HAVE READ AND ACCEPT THE ABOVE CONDITIONS AND HEREBY APPLY TO BE CONSIDERED FOR MEMBERSHIP AS INDICATED ABOVE.***

**SIGNED \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

 ***Rathsallagh Country Club, Dunlavin, Co Wicklow***

***Phone 045 403316 website:*** ***www.rathsallaghcountryclub.com*** ***Email: golf@rathsallaghcountryclub.com***