



**Luttrellstown Castle (Men's and Ladies) Golf Club
Nomination Form for Membership**

Name of Candidate: _____

Home Address: _____

Business Name: _____

Business Address: _____

Telephone (Home): _____

Telephone (Work): _____

Mobile: _____

Email: _____

Date of Birth: _____

Occupation: _____

Do you have an official GUI handicap: Yes/No: _____ If Yes what is it: _____

Which Golf Club administers your Handicap: _____

What is your 8 digit GUI Handicap Number for this club: _____

which Club do you want to administer your handicap *maybe we could introduce this line*

Other Clubs of which you are a member: _____

I wish to apply for Membership of Luttrellstown Castle Golf and Country Club and Luttrellstown Castle Golf Club and agree to be bound by their Rules and Bye-Laws and the terms and conditions.

Signature of candidate: _____ Date: _____

In our opinion the above named Candidate is a suitable candidate for Membership and we are pleased to support his/her application.

Name of Proposer: _____

Number of years Proposer has known Candidate: _____

Signature of Proposer: _____ Date: _____

Name of Seconder: _____

Number of years Seconder has known Candidate: _____

Signature of Seconder: _____ Date: _____

(NOTE-THE PROPOSER AND SECONDER SHOULD BE AN ORDINARY MEMBER)

Authorised Company Signature: _____

ALL SECTIONS MUST BE COMPLETED AND AUTHORISED BY THE COMPANY BEFORE MEMBERSHIP CAN BE APPROVED.