



# Kenmare Golf Club Membership Application Form

Name:

Address:

Telephone:  Home  Mobile

Email:

Date of birth:  Day / month / year

Category (Please Tick):	Full	Family	5 Day	Country	Country family
	Overseas	Student	Junior	Intermediate	

Current Golf Club (if any):

Current golf handicap:  Lowest ever handicap:

Previous Golf Club(s) (If Any):

**Declaration:** No application by me for membership of a Golf Club has been declined. Should my application for membership be successful, I undertake to make myself acquainted with and observe the Rules and Bye-laws of the Club and the Rules and Etiquette of the game of golf.

Signature  Date  Day / month / year

Please complete this form and send it to the Manager, Kenmare Golf Club, V93 XW8E, Killowen Rd, Kenmare, Co. Kerry, or email it to info@kenmaregolfclub.com , and we'll contact you to process the application.