



Membership Application for
Social Membership

Please complete all relevant sections of the form using **BLOCK CAPITALS** in order for your application to be processed promptly. Additional information may be provided by attachments.

PERSONAL DETAILS:

Surname: _____

First Name: _____

Title: (Mr, Mrs, Ms) _____

Date of Birth: _____

Postal Address: _____

Mobile Number: _____

Home Phone Number: _____

Occupation: _____

Email Address: _____

If previously a member of Elm Park please give dates and reasons for lapsing: _____

SPONSORS (Please submit a letter of support to include relevant information for the applicant):

	Name:	Relationship to Sponsor:
1	_____	_____
2	_____	_____
3	_____	_____

PLEASE LIST ALL EXISTING FAMILY MEMBERS OF THE CLUB:

PERSONAL DETAILS TO SUPPORT YOUR APPLICATION:

MEMBERSHIP OF OTHER CLUBS (including lapsed membership):

Communication

In order to comply with new European legislation governing Data Protection Elm Park Golf and Sports Club CLG seek your consent as follows:

- I hereby consent to receive communications of any notice or other communication (including, without limitation, notices of general meeting of the Company and Club and copies of the Company's and Club Accounts and the reports thereon) by electronic mail whether contained in the body of the mail or as an attachment.
- By signing below I agree to abide by the Irish Anti-Doping Rules.
- I confirm that I am prepared, if selected, to represent Elm Park.

Signature of applicant: _____ Witness (Must be Sponsor): _____ Date: _____