

# Elmgreen Golf Club

## 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 ☐

7 Day Pay & Play €450 ☐

5 Day Full €550 ☐

7 Day Full €850 ☐

Intermediate\* (Up to 32) €600 ☐

Student\* €250 ☐

\*Proof of age required

\*Student ID required

All prices are exclusive of GUI Levy €30 & 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: \_\_\_\_/\_\_\_\_/\_\_\_\_

Post To; Elmgreen Golf Club,  
Castleknock  
Dublin 15

Tel: 01 8200 797  
Website: [www.elmgreengolfcentre.com](http://www.elmgreengolfcentre.com)  
Email: [info@elmgreengolfcentre.com](mailto:info@elmgreengolfcentre.com)

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

### Official Use Only

Amount Received: € \_\_\_\_\_ Received By: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ GUI Number: \_\_\_\_\_