



C O R B A L L I S
L I N K S G O L F C L U B

2017 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 Corballis Links 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;

- | | |
|--|--|
| 4 Day Sunday - Wednesday €499 <input type="checkbox"/> | 4 Day Wednesday - Saturday €499 <input type="checkbox"/> |
| 7 Day Pay & Play €299 <input type="checkbox"/> | 7 Day Full €699 <input type="checkbox"/> |
| Intermediate* (Up to 32) €550 <input type="checkbox"/> | Student** €250 <input type="checkbox"/> |
| *Proof of age required | **Student ID required |

Prices are exclusive of the GUI Levy €30 and GolfSure Insurance €25

Payment € _____ Cheque Postal Order Bank Transfer Cash Direct Debit Debit/Credit Card

Cheque/Postal Order	Cheques/Postal Order made payable to Euro Golf Services Ltd
Online Banking	IBAN: IE88 AIBK 9312 2513 4547 85 BIC: AIBKIE2D
Bank Lodgement	Account Number: 13454-785 Sort Code: 93-12-25

****Please ensure that you clearly reference your name when making online payment or bank lodgement****

Signature: _____ Date: ____/____/____

I agree to receive emails and/or text messages from Corballis Links Golf Club

Post To; Corballis Links Golf Club,
Donabate
Co. Dublin

Tel: 01 843 6583
Website: www.corballisgolflinks.com
Email: info@corballisgolflinks.com

Official Use Only

Amount Received: € _____ Received By: _____ Date ____/____/____ GUI Number: _____