



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

2018 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;

- | | | | |
|------------------|-------------------------------|-------------------------|-------------------------------|
| 7 Day Full | €699 <input type="checkbox"/> | Intermediate* (30 - 27) | €550 <input type="checkbox"/> |
| 7 Day Pay & Play | €299 <input type="checkbox"/> | Intermediate* (26 - 24) | €350 <input type="checkbox"/> |
| 5 Day Full | €599 <input type="checkbox"/> | Student** | €250 <input type="checkbox"/> |
| Junior | €100 <input type="checkbox"/> | | |

Prices are exclusive of the GUI Levy + New Card €30 & GolfSure Insurance €27

**Proof of age required **Student ID required*

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

Cheque/Postal Order	Cheques
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.corballislinks.com
Email: info@corballislinks.com**

Official Use Only

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