



MEMBERSHIP APPLICATION

Membership Category Required _____

Surname _____ 1st Name _____

2nd Name or Initial _____ Date of Birth _____

Address _____

Telephone – Home: _____ Business/Mobile: _____

Occupation: _____ If Garda - Reg No: _____

Email Address: _____

Signature of Proposer: _____ Mobile No _____

Name in Block Capitals (_____)

Signature of Seconder: _____ Mobile No _____

Name in Block Capitals (_____)

If a Transferee – Indicate _____ Existing Category _____
Relationship to existing member _____

Category of membership previously applied for _____ Date of application _____

Previous Clubs: Give details and reasons for lapsing _____

Handicap: _____ GUI/ILGU Swipe Card No: _____

Any further relevant information: _____

How did you hear about Westmanstown ? Please tick.

Word of Mouth Road Signage Newspaper advert Club website Other website

If accepted I agree to observe all the rules and regulations of the Club during my Membership.

Signed: _____ Date: _____

Name in Block Capitals (_____)