MEMBERSHIP FORM

Adult Membership

Complete the form and return to the Club Office.

DONAGHADEE GOLF CLUB

84 Warren Road, Donaghadee, BT21 0PQ
02891883624
office@donaghadeegolfclub.com

Nomination Form For Membership

It is important to note all nomination for membership are made and accepted on the strict understanding that Donaghadee Golf Club, its employees or agents, will not be obliged to assign any reason or enter into any correspondence or discussion regarding the success or otherwise of any nomination.

Category of Membership requested: _____

Member Details

Full Name : _____
(PLEASE USE CAPITALS)

Date Of Birth : _____

Home Address : _____

Phone Number : _____ **E-Mail :** _____

Club Communications Consent

Donaghadee Golf Club would like to contact you with club-related information, including competitions, events, social activities, food and bar promotions, and important club updates. Please indicate how you would like to receive these communications:

Email:

- ☐ YES, I consent to receiving club communications by email
- ☐ NO, I do not wish to receive club communications by email

WhatsApp:

- ☐ YES, I consent to being added to the Club's WhatsApp group.
- ☐ NO, I do not wish to receive club communications by WhatsApp

Golfing Background

Have you previously been a member of Donaghadee Golf Club? Yes ☐ No ☐

If yes, please provide:

Dates of Membership _____

Reason for leaving _____

Are you currently a member of any other Golf Club? Yes ☐ No ☐

If yes, please provide:

Club Name _____

Golf Ireland No. (if applicable) _____

Approx. dates of membership _____

Handicap (if applicable) _____

If accepted as a member at Donaghadee, do you intend to maintain both memberships? Yes ☐ No ☐

Have you ever been a member of any other Golf Club? Yes ☐ No ☐

If yes, please provide:

Club Name _____

Approx. dates of membership _____

Handicap (if applicable) _____

Reason for leaving _____

Have you ever been refused admission to, or expelled from, any club? Yes ☐ No ☐

If yes, please provide details, including the club name & reason _____

Approximately how many times have you played at Donaghadee Golf Club in the last 12 months?

Number of rounds: _____

In what capacity: _____

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DECLARATION BY NOMINEE

Other Information

Please state here any other information which you feel would assist in the consideration of your nomination: _____

_____

Signed: _____ **Date :** _____

DECLARATION BY PERSONS SUPPORTING THIS NOMINATION

Statement by Proposer

_____

_____

_____

We the undersigned confirm that we have been full members of the Club for a period of at least three years and certify that we know the applicant personally. We are unaware of any other factors which would call into question their suitability as a member.

Proposed by (Full name)

Signed: _____ **Date :** _____

Seconded by (Full name)

Signed: _____ **Date :** _____

Enter name of Council Member supporting this application: _____

If this application is successful, in order to comply with GDPR 2018 legislation, I consent to the Club holding necessary personal information

Signed: _____ **Date :** _____

Return application to: Donaghadee Golf Club, 84 Warren Road, Donaghadee, Co Down, BT21 0PQ or office@donaghadeegolfclub.com