

Achill Island Golf Club LTD.

Club House Telephone: (098) 43456 or E-mail achillislandgolfclub@gmail.com

Application for 'Handicap' Form 2019

Full Name: _____

Full Postal Address _____

Home Tel No: _____ **Mobile No:** _____

Email address: (BLOCK CAPITALS) _____

Are you a Paid-Up Member of *Achill Island Golf Club* Yes / No

Type of Membership : _____ Date of Payment: _____

Did / Do you hold a Handicap from any other Golf Club? If Yes, Name of such Golf Club _____

Were you ever allocated a Handicap from a Golf Society? Yes / No

If yes, please state Name and address of the said Golf Society & your current _____

Handicap How long have you been playing Golf? _____

A. Please note that if you never had a Handicap and you are now applying to Achill Island Golf Club for a Handicap, it will be necessary for you to submit three (3) cards. The cards must be for 18 holes of golf, played at Achill Island Golf Club, Keel, Achill, Co. Mayo, F28 CX62 in the presence of a local member who holds a handicap in the Club, i.e. a member of Achill Island Golf Club who is domiciled in the parish of Achill. Each card must be signed by such local member.

B. If you have held a Handicap from another Golf Club, you must produce a Certificate of such Handicap from that particular Club.

I wish to apply to Achill Island Golf Club for a Handicap. I enclose

1) Three (3) Cards played in Achill Golf Club and duly *signed by a local member* as required

Or

2) A Certificate of my current Handicap.

3) I enclose **€20 Fee** for my Central Database Handicap **(CDH) Card**

If I am allocated a Handicap from Achill Island Golf Club, I undertake to return to the Achill Island Golf Club all scores on which I break Course Standards Scratch (C.S.S) on any Golf course.

Signed: _____

Date: _____