

# *Narin & Portnoo Golf Club*

## **MEMBERSHIP RENEWAL FORM- 2012**

**Member Type\*:** \_\_\_\_\_

**\*Please select member type from the Membership Fee Schedule on back of Form**

**Name** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Name of Home Club (if Applicable)** \_\_\_\_\_

**Home Tel No:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**GUI/ILGU No:** \_\_\_\_\_ **Handicap:** \_\_\_\_\_ **Locker No:** \_\_\_\_\_

**Email:** \_\_\_\_\_

### **Family Membership**

**Name of Spouse:** \_\_\_\_\_

**Address (if different from above):** \_\_\_\_\_  
\_\_\_\_\_

**Name of Home Club (if applicable)** \_\_\_\_\_

**Home Tel No:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**GUI/ILGU No:** \_\_\_\_\_ **Handicap:** \_\_\_\_\_ **Locker No:** \_\_\_\_\_

#### **Child 1:**

**D.O.B:** \_\_\_\_\_ **School:** \_\_\_\_\_

**GUI/ILGU No** \_\_\_\_\_ **Handicap:** \_\_\_\_\_

#### **Child 2:**

**D.O.B:** \_\_\_\_\_ **School:** \_\_\_\_\_

**GUI/ILGU No** \_\_\_\_\_ **Handicap:** \_\_\_\_\_

#### **Child 3:**

**D.O.B:** \_\_\_\_\_ **School:** \_\_\_\_\_

**GUI/ILGU No** \_\_\_\_\_ **Handicap:** \_\_\_\_\_

#### **Child 4:**

**D.O.B:** \_\_\_\_\_ **School:** \_\_\_\_\_

**GUI/ILGU No** \_\_\_\_\_ **Handicap:** \_\_\_\_\_

**Note: If more than 4 Children, please state information for the eldest four.**

# MEMBERSHIP FEES 2012

Membership Type	Fee	Quantity	Total
Full Member	€486		
Full Member – Husband & Wife	€972		
Lady Associate Member	€370		
Family Membership	€680		
Pensioner Member	€365		
Category B Gent	€475		
Category B Lady	€360		
Category B Family	€670		
1 <sup>st</sup> Year Beginner Gent	€232		
1 <sup>st</sup> Year Beginner Lady	€151		
2 <sup>nd</sup> Year Beginner Gent	€365		
2 <sup>nd</sup> Year Beginner Lady	€278		
Juvenile – Under 18	€75		
Student – Over 18	€174		
Pavillion Member	€50		
Locker	€25		
Capital Programme Levy(except students and Juveniles)	€50		50
Golf Insurance with Golf Sure	€20		
<b>Total Due:</b>			<b>€</b>

<u>Payment Methods</u>	
Cash	€
Cheque	€
<b>Credit Card/Laser Payment</b>	
I wish to pay my balance by Credit Card / Laser Card (Delete as applicable)	
Card Number: _____	
Expiry Date _____	Issue No: _____
Valid From Date: _____	
Name on Card (block letters)	
Please Charge My Account:	€
Signature: _____	
Date: _____	
Total Paid:	€