

Membership Fees 2024

19th December 2023

SIGNED FORM TO BE RETURNED BY POSTAGE OR WHATSAPP (086-8636840). CHEQUE PAYMENTS TO: -

SHANE BUCKLEY, VALHALLA, BRACKLAGHBOY, BALLYHAUNIS, CO MAYO,

F35AY28. Closing date for payment: 14th February 2024



Shane Buckley WhatsApp contact

MEMBERSHIP CATEGORY	SUB	GUI/ILGU LEVY	BAR VOUCHERS	PERSONAL INSURANCE	TOTAL	ТІСК
7 DAY COUPLE (FULL)	€925.00	€55.00	€120.00	€20.00	€1120.00	
7 DAY (FULL)	€540.00	€25.00	€60.00	€10.00	€635.00	
7 DAY SENIOR (FULL)* (eligible for state pension)	€485.00	€25.00	€60.00	€10.00	€580.00	
Under 40's	€460.00	€25.00		€10.00	€495.00	
7 DAY NON- COMPETITIVE	€425.00			€10.00	€435.00	
Under 30's	€340.00	€25.00		€10.00	€375.00	
COUNTRY MEMBER	€290.00			€10.00	€300.00	
DISTANCE MEMBER (>50km from Primary Residence)	€265.00	€25.00		€10.00	€300.00	
STUDENT >18 - <25	€120.00	€25.00		€10.00	€155.00	
PAVILLION	€40.00		€60.00	€10.00	€110.00	
7 DAY JUVENILLE 13-18	€55.00	€5.00		€10.00	€70.00	
7 DAY JUNIOR U 12	€45.00	€5.00		€10.00	€60.00	

*To avail of 7 Day Senior membership, you must have been a full member the previous 5 years

PLEASE PLACE A TICK BESIDE WHICH MEMBERSHIP CATEGORY AND METHOD OF PAYMENT.

Method of Payment: Bank Transfer Cheque Cash **Standing Order**

I acknowledge that upon signing this form I agree to be bound by the terms of use of my membership category. I am aware that I have entered into a 12 month contract & that my membership fee must be paid in full and this is non-refundable. I acknowledge and accept that my membership will expire on the 31st December 2024. I agree to abide by the golf course, clubhouse etiquette and safety rules, the rules of golf and the rules set out in the constitution of the golf club.

SIGNED:	DATE:
FAMALI ADDRESS.	
EMAIL ADDRESS:	

Name: Ballyhaunis Golf Club

IBAN: IE58 BOFI 9037 2822 2298 18

BIC: BOFIIE2D

SORT CODE: 9 0 3 7 28



NEW MEMBERSHIP APPLICATION FORM 2024

FIRSTNAME:	SURNA	AME:
PRIMARY RESIDENCE		
DATE OF BIRTH:	EIR	R CODE:
HOME PHONE:	MA	LE / FEMALE (tick one)
MOBILE PHONE:		
EMAIL:		
MEMBERSHIP TYPE:		
Have you been a member of a	Club before (tick)	
If Yes, which Club?	GUI Num	ber / Handicap
Do you want your handicap to	ransferred from your current club to Ballyhaunis Golf Ch	ub?
	ers who help maintain our facility in top class condition. eciated. If you would like to volunteer, please indicate yo	Volunteers assist the Club by providing advice, time or our area of interest or expertise:
	hall be governed by the committee and the Committee shall be empowered to dec tt the Ballyhaunis Golf Club remains temporary until approved by Committee.	cide when and in what order proposals for membership shall be accepted and You will be issued with a permanent membership card once your application has
	is an annual commitment and by signing this form, you are joining for a 12 mrther 12 months, or resigning from the Club in writing. Fees are payable in fu	nonth period starting 1st January. At the end of each membership year, you will ull on joining or via a direct debit arrangement.
SIGNATURE:	DATE:	

 $t.\ Shane\ on\ 086-8636840\ |\ e.\ bally haun is golf@gmail.com\ |\ Coolnaha\ South,\ Coolnaha,\ Bally haun is,\ Co.\ Mayo\ F35\ P661$

STANDING ORDER REQUEST

* To: The Manager		
(Name & address of yo	ur bank)	
	to set up a standing order on my /our account as specified below. Il at all times contain sufficient funds to enable each payment to be date. Customer details (your account)	
Account name: _		
Account No:		
Sort Code:		
Bank of Ireland, Cla	remorris	
NSC:	9 0 3 7 28	
BRANCH ADDRESS:	James Street, Claremorris, Co. Mayo F12 NP82	
IBAN: IE5	8BOFI90372822229818	
BIC: BOF	BOFIIE2D	
Frequency:	Monthly on 1 st	
Reference (your nai	me)	
Customer's signatu	re:	
Amount:		

Start Date 01. 02.2024 End Date: 01.10.2024