



Application for House Membership 2017

NAME _____

ADDRESS _____

TEL.NO.(HOME) (MOBILE)
(BUSINESS) (EMAIL)

D.O.B. CATEGORY: **House**

METHOD OF PAYMENT Cheque Visa/Mastercard Cash

Credit Card No. _____ Exp. Date _____

PROPOSED BY _____ Membership No. _____

SECONDED BY _____ Membership No. _____

Signature _____ Date _____

Ballyliffin Golf Club, Ballyliffin, Inishowen, Co. Donegal, Ireland
Tel: 074 93 76119 * Fax: 074 93 76672 * International Calls: 0035374 * info@ballyliffingolfclub.com *
www.ballyliffingolfclub.com

House Membership entitles House Members 10% discount on purchases in the Bar & Restaurant.