



Teilgin agus Ámais Éireann

Pitch and Putt Ireland

IRISH SPORT HQ • SPORT IRELAND CAMPUS • BLANCHARDSTOWN • DUBLIN 15 • D15 DY62

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PITCH AND PUTT CLUB

Club Address _____

Adult Membership Form

Name: _____ Male / Female / Other: _____

Year of Birth: _____ or age range (pls tick) 18-24 25-34 35-44 45-54 55-65 65+

PPI Reg No if applicable): _____

Address: _____

Phone: _____ E-mail: _____

Previous Club (if any): _____ Reg No.: _____

I apply for membership of the _____ Club and Pitch and Putt Ireland and agree to be bound by their rules and regulations. I acknowledge that membership may be reviewed, suspended, or withdrawn.

I acknowledge and consent to the processing of my personal data by the Club and Pitch and Putt Ireland for membership, registration, insurance, safeguarding, disciplinary, anti-doping, and administrative purposes, in accordance with GDPR Article 6(1)(a) (consent) and Article 6(1)(f) (legitimate interests), and in line with the requirements of Sport Ireland. I understand that failure to provide the required data may prevent my membership from being registered.

I consent to the use of photographs and/or video recordings taken during sporting activities or events for promotional and governance purposes.

Signed: _____ Date: _____

Club Membership Rates

Adult: _____ Couple: _____ OAP: _____ Student: _____

Juvenile: _____ Family membership: _____ Associate: _____