Disabled and Inclusive Golf Association (DIGA)
Application for Adult Membership
2026 Membership Fee - €30/£27

Please complete in Block Capitals

Personal Details

Title

First Name

Surname

Date of Birth (dd/mm/yyyy)

Address

Eircode / Postcode

Contact Details

Email

Contact Number (please inc country code, eg + 00 353)

Emergency Contact Name

Relationship

Emergency Contact Number (please inc country code, eg + 00 353)

Current Golf Details

Home Golf Club (if any)

World Handicap Index (if any)

Golf Ireland Number (if any)

Further Information

Is there any information you would like to share with us to make your DIGA experience more enjoyable?

Declaration

From time to time, we would like to contact you with details of competitions and information about events. If you consent to us contacting you for these purposes, please tick below on how you would like us to contact you.

Text (SMS) **Email** **WhatsApp - Group chat for DIGA Members**

Signing below will confirm you accept the terms of the following (Click here to access the policies):
DIGA Data Privacy Policy || DIGA Membership Rules and Benefits Policy || DIGA Dignity and Respect Policy

Signature

Date (dd/mm/yyyy)

Applications will be reviewed by DIGA officials. Approved applicants will be contacted with details on how to transfer the membership fee to DIGA. Membership will not be active until the fee is received. No cash will be accepted.

For DIGA Committee only

Date Form Received	
Date of Review	
Membership Passed	
Date payment details provided	
Date Payment Received	
Membership No	
Signed on behalf of DIGA Committee	
Date	