

PORTADOWN GOLF CLUB

APPLICATION FOR MEMBERSHIP

(Confidential)

Personal Details

Full Name			
Address			
Postcode			
Telephone (Home)		Mobile:	
Email Address			
Date of Birth			
Profession/Occupation		Business Tel. No	
Have you ever been a member of Portadown or any other Club?		Handicap: -----	Granted By (Club) -----

Category of Membership

Please tick the category of membership you wish to apply for.

FULL		JUVENILE Up To 18	State Age -
6 DAY		MEMBERS CHILD	State Age -
YOUNG ADULT 19 – 30	State Age -	SOCIAL	

Introduction to Membership

Please indicate how you heard about membership at Portadown Golf Club

Local Press/Radio		Introduced by a Friend	Name _____
Member of Another Club		Telephone Enquiry	
Other			

Election Criteria

We the undersigned, believe the above named candidate to be suitable for election to Portadown Golf Club.

***Note – No member newly elected shall use the Golf Course or participate in any advantages of the Club until he/she has paid the appropriate subscription**

PROPOSER'S NAME

I CONFIRM THE INFORMATION SUPPLIED ON THIS FORM IS ACCURATE AND CORRECT

SIGNED
(Must be a current member of Council)

Please sign and date your application before submitting

DATED

APPLICANT'S SIGNATURE

SECONDER'S NAME

.....

SIGNED.....
(Must be a current member of the Club)

DATED

DATED