

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