



**PORTADOWN GOLF CLUB**  
**Membership Application Form**  
**(Confidential – when completed)**

**TO BE COMPLETED IN BLOCK CAPITALS**

**Applicant Details:**

Title \_\_\_\_\_ Full Name: \_\_\_\_\_

DOB \_\_\_\_\_ Gender: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

Email address \_\_\_\_\_

Tel (Home) \_\_\_\_\_ Mobile \_\_\_\_\_

Profession/Occupation \_\_\_\_\_

Would you like to become a sponsor and/or have your business advertised at the Club? Yes/No

**Medical Information:**

Do you have any disabilities: Yes/No Please state if applicable \_\_\_\_\_

In the case of an emergency do you have any medical conditions we should be made aware of?

Please state \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Emergency Contact Details:**

Name: \_\_\_\_\_ Contact number: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

**Golfing Information:**

Are you a past/present member of any other club? Y/N Club name \_\_\_\_\_

Will Portadown be your home club? Yes/No Golf Ireland number: \_\_\_\_\_

**I request to be admitted as a member of Portadown Golf Club and if elected agree to observe all the Club rules, policies and code of conduct. I declare I am not under any liability for subscriptions to any other Golf Club of which I am or was a member.**

Signature \_\_\_\_\_

Date \_\_\_\_\_



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**Election Criteria**

We the undersigned believe the above-named Candidate to be suitable for election to Portadown Golf Club

Proposer's Name \_\_\_\_\_ (must be a member of Council)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Seconder's Name \_\_\_\_\_ (must be a current member of the Club)

Signed \_\_\_\_\_ Date \_\_\_\_\_

**Privacy Statement**

Portadown Golf Club's lawful basis for collecting and processing members' personal information will be for the purpose of keeping you informed about events at the Club as part of your membership. This information will be used in the following ways: - For administration purposes, to send member updates on the Club and its affairs by email, post, and phone. All information kept on authorized Computers will be password protected, and members' personal information will be treated strictly confidential and will not be passed to any third parties. The member is entitled to notify the Club at any time that they do not wish to receive any further communications this will be complied with within 30 days. The member has the right to request the Club to be given a copy of any details held about them. **\*I CONFIRM THAT THE INFORMATION SUPPLIED ON THIS FORM IS ACCURATE AND CORRECT. I CONSENT TO MY DATA BEING USED FOR MEMBERSHIP PURPOSES AS DETAILED ABOVE.**

**On joining Portadown Golf Club I agree to abide by the policies and rules of the Club (which can be found on the website). I also note that no refunds will be given on fees if I decide to leave Portadown Golf Club partway through the membership year.**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Portadown Golf Club – Membership Fees from 1<sup>st</sup> April 2026**

Category	Fee	Please Tick
7 day	£969	
6 day *No play on a Saturday*	£800	
5 day *No play on a Thursday and Saturday*	£678	
Young Adult 2 *Aged 26-30*	£593.50	
Young Adult 1 *Aged 19-25*	£359	
Student *Must have a valid student card and be in full-time education*	£218	
Junior 11-18	£104.50	
Junior Under 11	£57.50	
Social	£50	
One Year Special *7 day membership. T&C's apply*	£649	

Please contact the office for information on family memberships

**Office use only**

**Date received** \_\_\_\_\_ **Initials** \_\_\_\_\_ **Approved Date** \_\_\_\_\_

**PGC Golf Ireland Number** \_\_\_\_\_ **Bar card Number** \_\_\_\_\_