



Portumna Golf Club

Ph: 0909-741059 Email: info@portumnagolfclub.ie

Application for Membership

Type of Membership

Full Ordinary		Family A		Family B		Senior A		Senior B		Snr C		Snr D	
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Junior		Pavillion		*Country		**Intermediate		Student	
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1st Applicant

Name:		E-mail address:	
Address:			
Telephone No:		Mobile No:	

2nd Applicant

Name:		E-mail address:	
Address:			
Telephone No:		Mobile No:	

Junior Family Members

Name:		D.O.B.:	
Name:		D.O.B.:	
Name:		D.O.B.:	

Name of Clubs of which you were previously a Member (if any):

Club(s):	

Name of Present Club (if any):		Contact No:	
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Which Club will be your Home Club:		Present Handicap:	
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Please provide Handicap Certificate(s)

If Lapsed Member please state:

Last Handicap: _____ Year of Last Handicap: _____

Payment received: Yes / No Amount: _____ Date: _____

Applicants Signature: _____ Date of Birth: _____

We confirm above details to be correct, and we recommend applicant for membership.

Proposed by: _____
Committee Member

Seconded by: _____
Member of at least three years standing