



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	Senior C	Senior D
Junior	Pavillion	*Country	Student	**Intermediate		

1st Applicant

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

2nd Applicant

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

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):	
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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: _____

Applicant Signature: _____ **Date of Birth:** _____

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

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

*Proof of membership to another club required for Country Membership

**Proof of date of birth required for Intermediate membership