



Portsmouth Golf Club

Application Form

Surname:

Christian Names:

Address:

:

Post Code: _____

Date of Birth: _____

Tel: Number: _____

Email Address:

Occupation:

Proposed by:

Seconded by:

Please give details of current or previous Golf Clubs (if any) or a background to your golf to date:

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If a member of another Club then please enter your CDH Number: _____

It is the condition of membership and the rule of the Club that we must meet all applicants at a New Members Meeting. This is so we can meet you, highlight the benefits of membership and answer any questions you may have. If we're happy with you and you with us, then membership follows:

Please sign:

Date:

ADMINISTRATION SECTION:

Entered: H/Master:

Entered: Web:

Payment:

Date: