



PORTSALON GOLF CLUB

## **MEMBERSHIP APPLICATION FORM 2024**

*(PLEASE PRINT CLEARLY & COMPLETE ALL SECTIONS)*

I wish to apply for Membership of Portsalon Golf Club

Name: \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Tel: Home \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

Membership Category: \_\_\_\_\_

Current/Previous Club: \_\_\_\_\_

Proposer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Secunder's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

Signed: \_\_\_\_\_

**Please note that only Full Members can Propose or Second a Membership Application**

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[www.portsalongolfclub.com](http://www.portsalongolfclub.com)