



PORTMORE

MEMBERSHIP APPLICATION FORM

Please complete all details below and return form to reception
Your application will need to be processed before payment can be made and your membership begin.

First Name

Surname

Date of Birth

Email

Home Telephone

Work Telephone

Mobile

Address line 1

Address line 2

Town

County

Postcode

CDH No. (if applicable)

Date of Application

Please check the membership category you wish to apply for:

Please note, we may ask for photo ID to verify your date of birth.

* Full Member (30 years+)

* Full Member (27-29 years)

* Full Member (24-26 years)

* Full Member (18-23 years)

* Junior Member (12-17 years)

* Junior Member (Under 12 years)

* Landkey Only Member

Emergency Contact Details

Full Name

Contact Number

The information you provide in this form will be processed for the purposes of club and membership administration. Portmore Golf Park will comply with the provisions of the Data Protection Act 1998 and the General Data Protection Regulation. Membership will not begin until application is accepted by Portmore Golf Park, the membership agreement is completed with the member's signature and the subscription fee is received.