

Portlethen Golf Club  
 Badentoy Road  
 Portlethen  
 ABERDEEN  
 AB12 4YA



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Email: [admin@portlethengolfclub.com](mailto:admin@portlethengolfclub.com)

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

## Membership Application Form

Title		Forename(s)		Surname	
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Address					
Including					
Postcode					

Home Telephone	
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Business / Daytime Phone Number	
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Mobile Phone Number	
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Email	
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Date of Birth	
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**Please tick the category of membership you wish to be considered for at Portlethen Golf Club**

7 Day	<input type="checkbox"/>	6 Day (Sun – Fri)	<input type="checkbox"/>	5 Day (Mon – Fri)	<input type="checkbox"/>
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Junior	<input type="checkbox"/>	Social	<input type="checkbox"/>	Dining	<input type="checkbox"/>
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Annual fees are articulated on Portlethen Golf Club's website

Entry fees may be spread over 5 years - please tick to indicate if you wish to take advantage of this offer

Most recent playing golf handicap (if applicable)

Name of existing or past golf clubs (if applicable)	
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If accepted, I agree to provide the relevant payable fee within 14 days of notification & will abide by Portlethen Golf Club Rules & Rules of Golf.

Signature	
Date	

Portlethen Golf Club complies with the requirements of the Data Protection Act 1998 and will not disclose any of the above information to any third party.