

CGQL Term Title - Application Form

Surname *

First name(s) *

Birth Place* Date of Birth*

Mailing Address *

Post Code Country

Address in Portugal

Telephone Mobile

Email *

Profession No. of weeks per year in Algarve

Current Work Status Retired Semi Retired Full time Working

Other Club Memberships Current Golf Handicap

| | | |
|----------------|--------------|-----------------------------|
| Home Club Name | Member since | Committee position (if any) |
|----------------|--------------|-----------------------------|

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| Club Name | Member since | Committee position (if any) |
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| Club Name | Member since | Committee position (if any) |
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Are Other Members Joining?* Yes No

| | | |
|------|---------------|-------------------------|
| Name | Date of Birth | Relation to Cert Holder |
|------|---------------|-------------------------|

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|------|---------------|-------------------------|
| Name | Date of Birth | Relation to Cert Holder |
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|------|---------------|-------------------------|
| Name | Date of Birth | Relation to Cert Holder |
|------|---------------|-------------------------|

Signature of applicant
Signature not required if sending by email

After completion of this form, save it to your computer or tablet and then email it directly to the Club (office@cgql.com).
On receipt we will send you an acknowledgement. All correspondence will be handled by email

Please email this form to office@cgql.com