



Ellesborough Golf Club

MEMBERSHIP APPLICATION

I wish to become a Member of Ellesborough Golf Club and I hereby agree, if elected, to become bound by the Rules and Bye-Laws of the Club in force. My particulars are as follows:

Title Mr/Mrs/Miss/Ms/Dr/Other

Forename _____

Middle Name(s) _____

Surname _____

Address _____

_____ **Post Code** _____

Date of Birth _____ **Marital Status** _____

Home Telephone _____ **Mobile Telephone** _____

E-mail _____ **Work Telephone** _____

Occupation _____

Current Golf Club _____ **CDH Number** _____

Joining Date _____ **Leaving Date** _____ **Reason for leaving** _____

Handicap _____ **Club Secretary/Manager Name** _____
(we will write to your previous club for a reference)

Previous Club(s) _____

Dates of memberships _____



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Other Sports Club Memberships _____

(if you have not been a member of a golf club we will contact the sports club, again for a reference)

Address of Sports Club _____

Post Code _____

Club Secretary/Manager Name _____

Positions (committee or otherwise) held at other golf or sports clubs

Interests outside of golf _____

Name of Ellesborough Proposing Member _____

Name of Ellesborough Seconding Member _____

Date from which membership is sought _____

Signature _____

Date _____