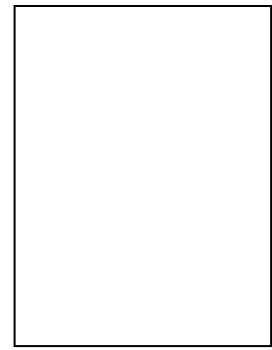




APPLICATION FOR MEMBERSHIP



Please insert passport style photograph

Full Name:	
Membership Category: *[Full] [5 Day] [Overseas] [Intermediate] [Junior] [academy] *circle as applicable	
Address :	E-Mail :
Postcode:	Telephone:
Mobile No:	Date of Birth:
Current or Past Golf Club Membership:	
CDH No.	Current Handicap Index :
Contact in case of an emergency [optional] :	
Signed:	I hereby agree to be bound by the rules of the Club.
Date:	
Introducing Member:	
Payment Method:	
<u>Office Only</u>	
Interviewed by :	Start Date :
Member Number :	Payment Complete: