# ESN Logo 262 (4).jpg

# APPLICATION FOR MEMBERSHIP

*Please insert passport style photograph*

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: | | | |
| Membership Category: \*[ Full ] [5 Day ] [Seasonal Full] [Seasonal 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:  Date: | I hereby agree to be bound by the rules of the Club. | | |
| Introducing Member: | | | |
|  | | | |
| Payment Method: | | | |
| Office Only  Interviewed by : Start Date :    Member Number : Payment Complete: | | | |

Revision 15.03.24

Information is for membership purposes only and not shared with any Third Parties.