#  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 OnlyInterviewed by : Start Date : Member Number : Payment Complete:  |

Revision 15.03.24

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