

GOLF CLUB MEMBERSHIP REGISTRATION FORM

Please complete all sections in block capitals. This form is designed for printing and manual submission.

1. PERSONAL INFORMATION

Full Name:

Date of Birth (DD/MM/YYYY):

Gender (Male / Female / Other):

Home Address:

City / State / Zip:

Phone Number:

Email Address:

2. MEMBERSHIP DETAILS

Please specify your desired membership category in the field below.

Membership Category (Individual, Family, Corporate, or Junior):

Proposed Start Date (DD/MM/YYYY):

3. GOLF & HANDICAP INFORMATION

Previous Golf Club (if any):

Current Handicap Index:

GHIN Number (if applicable):

4. EMERGENCY CONTACT

Contact Name:

Relationship:

Contact Phone Number:

5. DECLARATION AND SIGNATURE

By signing below, I agree to abide by the rules, regulations, and bylaws of the Golf Club.

Applicant Signature (Write here):

Date (DD/MM/YYYY):