



East Sussex NATIONAL

APPLICATION FOR MEMBERSHIP

Name:		
Membership Category: FULL - INTERMEDIATE - FLEXIPLAY - JUNIOR		<i>*delete as applicable</i>
Home Address:		
Postcode:	Telephone:	
Mobile No:	E-mail address:	
Date of Birth:	Occupation:	
Business Address: (optional)		
Postcode:	Telephone:	
To which address should correspondence be sent?		
Current or Past Golf Club Membership:		
CDH No	Handicap Index:	
*only complete if joining as a family group		
*Does your spouse/partner intend to apply for membership? Y/N		
*Spouse's/partner's forenames:		
*Date of Birth:	Nationality:	
*Children's names:	Birth Date:	Application for membership <i>(please tick)</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Future Possibility
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Future Possibility
Signed:	Date:	
I hereby agree to be bound by the rules of the Club.		
Personal Reference: (if requested)		
Name:		
Address:		
Business Reference: (if requested)		
Name:		
Address:		
<u>Office Only</u>		
Interviewed by :	Start Date :	