



West Essex Golf Club

MEMBERSHIP APPLICATION FORM

PLEASE INDICATE THE MEMBERSHIP TYPE APPLICABLE by ticking the appropriate box below:

7 Day* £1439.00	6 Day* £1254.00	5 Day* £1044.00	Other, please state* Junior Applications require a completed parental consent form
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Membership's prices valid until 31st August 2016. Memberships are subject to a bar levy on your members card

YOUR DETAILS – please complete in full

Title	
First names	
Surname	
Date of Birth	
Email	
Address	
Postcode	
Home Telephone	
Mobile	
Profession, Business or Occupation	<small>PLEASE NOTE: "Director" is insufficient information. The name of the company/ies and the applicants activities therein should be stated</small>
Business Telephone	
Emergency Contact	
Emergency Contact Telephone	
Names of any Golf Clubs of which the applicant is, or has been, a member	
Have you ever applied to any other Golf Club for membership? If "YES", please give details:	
Estimated Handicap or Congu Handicap	

To the Council of West Essex Golf Club Limited.

I, the undersigned, wishing to become a Member of the Club, hereby agree, if elected, to comply in every aspect and at all times with the rules, regulations and by-laws in force.

Signature of Candidate.....**Date**.....

Please return to The Secretary, West Essex Golf Club, Bury Road, Chingford, E4 7QL or Email: sec@westessexgolfclub.co.uk.