

# EFFINGHAM GOLF CLUB



Registered Office:  
GUILDFORD ROAD, EFFINGHAM, SURREY KT24 5PZ

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## APPLICATION FOR MEMBERSHIP

Membership category: (please tick)

Full ..... Junior..... Ladies ..... Social .....

Tennis .....

FOR OFFICE USE

H/C \_\_\_\_\_

INT \_\_\_\_\_

PLAY IN \_\_\_\_\_

Full Name: ..... Mr / Mrs / Miss  
(please print)

Marital Status .....

Address .....

..... PostCode .....

Nationality: ..... Date of Birth .....

Profession or Occupation:.....

Name of Company or Employer: .....

Bus Tel No: ..... Home Tel No: .....

Mobile No: ..... Email: .....

Handicap: (a) Current ..... **(A CURRENT HANDICAP CERTIFICATE MUST ACCOMPANY THIS APPLICATION)**

(b) Lowest in the past ..... (Year: .....

Golf Clubs of which you are or have been a member: .....

Please state if any relative or member of your family is a member of Effingham Golf Club

I am desirous of becoming a member of Effingham Golf Club and, if elected, I agree, as a condition of my membership, to be bound by the Rules and Bye-Laws in force from time to time. I understand that every member of the Club, on election, automatically becomes a Member of the Club Company and, as such, becomes liable in the event of winding up, to contribute a sum not exceeding 25 pence.

Signature: ..... Date: .....

**Proposer and Seconder must have known for at least 2 years.**

### PROPOSER

I have known the Applicant for ..... years and have no hesitation in proposing him/her for membership.

Signed:..... Print Name: ..... Date: .....

### SECONDER

I have known the Applicant for ..... years and have no hesitation in seconding this proposal for membership.

Signed:..... Print Name :..... Date:.....

(Those proposing and seconding applicants are reminded of their responsibility to the Club in ensuring their suitability.)