



MEMBERSHIP APPLICATION FORM



Please email completed form to secretary@eriskaygolfclub.com.

Name				
Date of Birth		Gender	Male	
			Female	
Address				
Post Code				
Telephone				
Email				

Current Club Membership		For handicap purposes is Eriskay GC to be your home club?	Yes	
			No	
Current Handicap		CDH number		
<p>I agree to my contact details being given to other members. I also agree to my personal data being used only for internal Club administration. I understand it will not be shared with any other organisation without my prior consent, in accordance with the Data Protection Act. (please tick)</p>				

For Club use only			
Date	Approved	Informed	Fees Received