



New Member Application Form

Name: Please print in CAPITALS & please provide all three names or at least initial for the middle name)

First	Middle Name (or initial)	Last

Address & Contact Information

House No & Street Name	
Town	
County	
Postcode	
Home Contact No	
Mobile Contact No	
Email Address	

Personal Details:

Meal Selection Please circle 1 choice can be changed later	Non Veg	Non Veg (No Beef)	Non Veg (No Bacon)	Veg (Inc Fish+ Egg)	Veg (Inc Egg)	Vegetarian
Additional Dietary/Allergy Details						

Golf Information:

Golf Societies/Clubs:(please provide names etc. of other societies/clubs that you are currently or have been a member of)			
Current Handicap		Shirt Size	
Proposer's Name			
Seconder's Name			

Please return this form to: admin@elikent.co.uk or hand in to one of the committee members