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MEN'S GOLF MEMBERSHIP: APPLICATION FORM

Date joined:.....

SGB Country Club membership number:.....

Surname:.....

Given names:.....

Address:.....

Date of birth:.....

Contact number:.....Mobile:.....

Email address:.....

Previous club:.....

HANDICAP DETAILS:

Do you have a golf handicap: **YES** **NO**

Is your handicap current: **YES** **NO**

Previous handicap:.....Current handicap:.....

GOLF LINK number:.....

Would you like to make St. Georges Basin Country Club your home club? **YES** **NO**

If not which club would you like recorded as your home club:.....

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