



Shooters Hill Golf Club Limited  
Lowood, Eaglesfield Road  
Shooters Hill, London  
SE18 3DA

## APPLICATION FOR MEMBERSHIP

Name in full: .....

Date of Birth: .....

Address for Club Register: .....

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Tel. Number (Home) ..... (Mobile) .....

Email address: .....

Occupation: .....

Class of Membership required:        7Day (or) 5Day (or) House

Please tick the box if you wish Shooters Hill Golf Club to be your home club,  
and provide us with the following information:

I am/was a member of .....Golf Club,

Handicap..... & CDH No:.....

I.C.E (In case of Emergency) Name in Full: .....

Tel. Number:(Home) ..... (Mobile) .....

(Work) .....

Date: ..... Signature of Candidate: .....

We are personal acquainted to the applicant and support this application:

Signature of Proposer:

Name in Block Letters

Signature of Seconder:

Name in Block Letters

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Please return the completed application form to the Secretary, Shooters Hill Golf Club Limited.  
Acceptance of an applicant for House Membership of SHGC does not imply any right to progress to Mid-Week or Full Membership. Decisions as to such progress shall be entirely at the discretion of the Board of Directors whose decision shall be final. As a matter of company policy decisions on questions of membership will not be explained nor will correspondence on the subject be entered into.