



Little Sai Wan Golfing Society

Founded 1964

Membership Application Form

Please complete all information below in **CAPITAL LETTERS** and forward to:

William Glover, Membership Secretary – membershipswwgs@gmail.com

I wish to become a member of Little Sai Wan Golfing Society (LSWGS). I confirm that all information provided below is both true and accurate. I further confirm that in the event my application is successful I hereby agree to be bound by the Rules of the Society.

FULL NAME :

ADDRESS :

MOBILE PHONE :

EMAIL ADDRESS :

The following are memberships/handicaps I hold with other clubs/societies:

CLUB/SOCIETY	LOCATION	MEMBERSHIP NUMBER	HANDICAP INDEX	DATE
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Membership of the HKGA is mandatory for LSWGS membership.

HKGA number: _____

Handicap index _____

All applicants are required to play two rounds with two different LSWGS committee members before submitting their application. Please list the details of those games below.

Name of LSWGS committee member and date: _____ Date

Name of LSWGS committee member and date: _____ Date

Signature of proposer: _____ Date

Signature of seconder: _____ Date

SIGNATURE OF APPLICANT _____ Date