

Rafiki Golf Society

New Membership Application



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|---|---------|
| Joining Fee | £ 90.00 |
| Annual Subscription – 2025 Season | £ 100 |
| *Match Play entry 2025 (<i>optional and subject to a maximum of 32</i>) | £ 30.00 |

Your personal details:

| | |
|------------------------------|--|
| First Name, Surname: | |
| Address Line 1 | |
| Address Line 2 | |
| Postcode: | |
| Preferred Email: | |
| Mobile: | |
| Occupation (Optional) | |

Details of current or past golf club/society membership:

| | |
|------------------------------|--|
| Current/Previous Club | |
| Date Joining/Leaving/ | |
| Hcap Index Or Hcap: | |

| | |
|---|--|
| Current Lowest Playing via MyEG or club or society | |
|---|--|

RafikiGolf Society welcomes all calibres of golfers. We use WHS HANDICAP INDEX using MyEG App England Golf. Membership to MyEG - England Golf is required if playing events and to be eligible to win prizes.

By applying for membership at RafikiGolf Society, I agree to abide by the society's rules and regulations and provide consent to use my details for all RafikiGolf matters.

| | | | |
|------------------|--|-------------|--|
| SIGNATURE | | DATE | |
|------------------|--|-------------|--|

Insert electronic signature if available or your name. Electronic submission of this form confirms your acceptance of the society's rules and regulations, and the use of your contact details for all society communications.

CERTIFICATION of SPONSOR – please provide application support details below of two RafikiGolf Society members

| | | | |
|---------------------------|--|---------------------------|--|
| PROPOSER NAME: | | SECONDE R NAME | |
| YEARS KNOWN | | YEARS KNOWN | |
| SIGNATURE | | SIGNATURE | |

*Match Play - 32 players– Round One –8 groups of 4, top two go through, Round two onwards knockout basis.

Cash rewards from the quarter-final onwards. Participation is on a first-come basis. Rules subject to change.

Please email the completed form to The Secretary, RafikiGolf Society at rafikigolf@gmail.com.

Thank you.

FOR USE BY RAFIKIGOLF SOCIETY COMMITTEE MEMBERS ONLY:

ACCEPTANCE: YES/No *(delete as appropriate)*

NAME Sanjay (Box) Patel - Secretary
DATE:

NAME Sanjay Ahya - Captain
DATE: