EWBG Members application form

Surname

Forename

Address

Postcode.

Email address

Telephone. Home Mobile.

Date of Birth.

Have you played golf before? Yes or No

Present Golf club if any? Club Handicap

Have you ever held an official golf handicap? Yes or No

Membership applied for: For: Playing Member.

Are you certified Severely Sight Impaired SSI (Blind)? Yes or No

Ii answer is Yes, get our sight classification form completed and include a copy of your “Certificate of Vision Impairment” (CVI), it must be signed by an ophthalmologist. Do not send the original.

I agree to abide by the rules of England and Wales Blind Golf, the game of golf as laid down by the R and A and the local rules of any golf course.

I agree for my contact details to be circulated to other members of EWBG and to be stored on our computer bank.

If the application is accepted there is a joining fee of £65 and annual subscription of £30. No payment at this time.

Applicant’s signature Date.

Forms to be returned to.

John Eakin by PDF, email [johnpeakin@hotmail.com](mailto:johnpeakin@hotmail.com)

020 83900699