

HIGHWOODS GOLF CLUB APPLICATION FOR MEMBERSHIP

Title:		Gender:	
First Name:			
Email Address		Mobile:	
Work Phone:		Home Phone:	
Street Address:		Town/City:	
County:		Postcode:	
Membership Type:			
Date of Birth:			
Previous Club(s):			
Handicap:			
England Golf Membership No:			
Existing member(s) known:			
By applying for membership of Highwoods Golf Club, you agree to the Club sharing your contact details with other members and with our affiliation organisations. We do not share information with marketing companies. By having this in place, clears the way for our normal operations and would enable us to share information with any existing member who asks about pending membership applications.			
Terms and conditions: I understand that I am liable for the annual subscription upon renewal each year. If I wish to cancel my membership, I may do so in writing by 1st June of the forthcoming subscriptions			
I wish to become a member of Highwoods Golf Club and hereby agree to be bound by its rules and bylaws.			
Applicant Signature:			
Parents Signature (if under18):			
Office Use Only			
E ⁰ Loc	Amount: £ GU Fee: £ ker Fee: £ ore Fee: £ Other: £ Total £	Card Number: BRS Number: Uploaded to Club V1: BRS Data imported: Welcome Email Sent: Filed:	