



**Highcliffe Castle Golf Club**

107 Lymington Road · Christchurch · Dorset · BH23 4LA

Telephone: Secretary (01425) 272210 Club: (01425) 272953

**MEMBERSHIP APPLICATION FORM**

**Type of Membership Required:- (Please circle the required category)  
Full/Weekend/Twilight/Country/Intermediate/Junior/Social**

Surname.....Title.....

Forenames.....

Date of Birth.....Current or Former Occupation.....

Address.....

.....

.....Post Code.....

Telephone No.....E.Mail address.....

(By providing your E Mail address you agree to be circulated with all communications by E Mail and not necessarily by post)

Details (inc dates) of membership of other Golf Clubs

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Present Handicap (if any).....or Past Handicap.....at.....G C

Signatures of Sponsors who must be full members of Highcliffe Castle Golf Club

How long have you known the Applicant ?.....years

.....Name in Capitals.....

How long have you known the Applicant ?.....years

.....Name in Capitals.....

In submitting this Application, I agree to abide by the rules of the Club.

Date.....

Signature.....