



HIGHWOODS GOLF CLUB

APPLICATION FOR MEMBERSHIP

I wish to become a member of Highwoods Golf Club and hereby agree to be bound by its rules and byelaws.

Please circle:

Categories: Full, Fairways, Restricted, Intermediate, Junior, Student, Social, Twilight, Country & Overseas

Name

Address.....

.....

.....

Date of Birth Home No.....

Email Mobile.....

Previous Club(s).....

Handicap CDH No.....

Do you know an existing member (s) of Highwoods GC:

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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.

Applicant Signature..... *Date*.....

Parents Signature (if under 18)

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 April of the forthcoming subscription

Office Use Only: Amounts Paid £..... Card No