

Membership application form

Please fill in form below with your details and membership option.

| | |
|------------|-------|
| Full name: | Title |
|------------|-------|

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|----------|
| Address: |
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| | |
|-----------|-----------------|
| Postcode: | Tel no. (home): |
|-----------|-----------------|

| | |
|-----------------|----------------|
| Work/mobile no: | Date of birth: |
|-----------------|----------------|

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|----------------|
| Email address: |
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|---|
| Please state how or where you heard about us: |
|---|

Membership type:

Please tick appropriate membership option

7 Day

Intermediate Plus

Colt

Junior

Flexi Plus

Social

5 Day

Intermediate

Colt+

80+

Flexi

| |
|--------------------|
| Payment enclosed £ |
|--------------------|

Please state either

1. Current (exact) handicap at (copy will be required)

2. CDH number:

3. Last handicap held at date

4. No handicap ever held

Do you wish Golf Club to be your home club for handicap purposes?

Yes No if NO, which other club

| | |
|---------|-------|
| Signed: | Date: |
|---------|-------|

After completing please return to:

Bulbury Woods Golf Club, Bulbury Lane, Lytchett Minster, Poole, Dorset BH6 6HR

Please read our privacy policy which describes how we will use your personal data. Visit hoburne.com/privacy-policy.

Please tick here if you would like us to contact you with information about goods and services which we feel may be of interest to you.

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Email

SMS

Post