

Membership application form

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

Full name:	Title
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Address:

Postcode:	Tel no. (home):
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Work/mobile no:	Date of birth:
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Email address:

Please state how or where you heard about us:

Membership type:

Please tick appropriate membership option

7 Day <input type="checkbox"/>	Intermediate Plus <input type="checkbox"/>	Colt <input type="checkbox"/>	Junior <input type="checkbox"/>	Flexi Plus <input type="checkbox"/>	Social <input type="checkbox"/>
5 Day <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Colt+ <input type="checkbox"/>	80+ <input type="checkbox"/>	Flexi <input type="checkbox"/>	

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:
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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.

Telephone	Email	SMS	Post
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I agree that my membership will be subject to the membership terms and conditions and club rules as shown on the club website.