

# Membership application form

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

Full name:	Title
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Company name:
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Address:
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Postcode:	Tel no. (home):
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Mobile no:	Date of birth:
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Email address:
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Please state how or where you heard about us:
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## Membership type:

Please tick appropriate membership option

7 Day

Intermediate

Colt

Junior

Hole sponsor 1

Corporate

Social

5 Day

Intermediate Plus

Colt Plus

80 Plus

Hole sponsor 2

Flexi Plus

Payment enclosed £
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Please state either

1. CDH number .....

2. Last handicap held .....at ..... date .....

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](http://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

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