

# 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):
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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:
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<b>Membership type:</b>				
Platinum 7 Day	Gold 7 Day	Intermediate Plus	Colt	Flexi Plus
Platinum 5 Day	Gold 5 Day	Intermediate	Junior	Flexi
Please tick appropriate membership option				

Payment enclosed £ .....
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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 .....
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Signed:	Date:
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After completing please return to: Bulbury Woods Club, Bulbury Lane, Lytchett Minster, Poole, Dorset BH16 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