

HIGHWOODS GOLF CLUB APPLICATION FOR MEMBERSHIP

Title:	Gender:
First Name:	Surname:
Email Address	
Work Phone:	
Street Address:	
County:	
Membership Type:	
members and with our affiliation organi	ods Golf Club, you agree to the Club sharing your contact details with other sations. We do not share information with marketing companies. By having mal operations and would enable us to share information with any existing pership applications.
	I am liable for the annual subscription upon renewal each year. If I wish to riting by 1^{st} June of the forthcoming subscriptions
I wish to become a member of Highwoods Golf Club and hereby agree to be bound by its rules and byelaws.	
Applicant Signature:	
Parents Signature (if under18):	
Dat	e:
Office Use Only	
Membership Subs Amount: £ EGU Fee: £ Locker Fee: £ Trolley Store Fee: £ Other: £ Total £	Card Number: BRS Number: Uploaded to Club V1: BRS Data imported: Welcome Email Sent: Filed: