

HEACHAM MANOR GOLF CLUB
YOUNG ADULT
MEMBERSHIP APPLICATION FORM 2019

Title: Surname: Forename:

Address:

Town: County:

Postcode: Tel No.

Mob Tel No: E-Mail Address:

Date of Birth: __ / __ / __ Handicap:No Handicap (Please see rule 12)

I am a member of another golf club: Name of Club:

CDH Number:

I would like to make Heacham Manor my home club for handicapping purposes:

I have previously held membership at the following clubs golf clubs: No Previous Clubs:

Name of Clubs:

I have previously held a handicap of: No Previous Handicap:

How did you hear about Membership at Heacham Manor Golf Club?

.....

If introduced by member, please include member's name and membership number here:

..... Members Number:

Contact numbers will be displayed on the Heacham Manor Website for members only (for the benefit of organising matches etc). **If you do not want your contact number displayed please tick here []**

I am happy to receive email correspondence from Heacham Manor Golf Club with news, competition details and membership updates, **Please Tick []**.

I am happy to receive email correspondence about other products and services at Searles Leisure Group, which we feel may be of interest to you. **Please Tick []**.

Any personal data you give to us will be processed in accordance with the law and our privacy policy located on our website <https://www.heacham-manor.co.uk/ourpolicies>

I hereby apply for membership to Heacham Manor Golf Club. I have read the terms and conditions stated in the current Rules and agree to abide by them.

Signed: **Date:**

Continued....

HEACHAM MANOR ANNUAL MEMBERSHIP

(1ST MAY 2019 TO 30TH APRIL 2020)

Membership applied for: *(Please complete total column where appropriate)*

MEMBERSHIP CATEGORY	COST	TOTAL
Age 18 to 21	£205.00	
Age 22 to 25	£325.00	
Age 26 to 29	£504.00	
Mens & Ladies Norfolk County and England Golf Affiliation fee	£22.20	Plus
GRAND TOTAL		

**Please include a copy of proof age –
Without this information your membership application will not be processed.**

I enclose a cheque/cash/credit or debit card details for the Total above.

(Cheques payable to 'SEARLES LEISURE RESORT')

DIRECT DEBIT OPTIONS: (Please ask for more details and a Direct Debit Mandate)

Credit/debit card details:

Expiry Date:
 Start Date:
 Issue:
 Security Code:

Please return the completed form to, Edd Howes Memberships Administrator

OFFICE USE ONLY

CATEGORY: _ _ _ _ _

Date of Issue:**Initials:****MEMBERSHIP NO:**