HOUGHWOOD GOLF

Application FOR Membership

Full Name . . . . . .

Address . . . . . .

. . . . . .

. . . . . .

Telephone Number (Daytime) . . . . . .

Telephone Number (Evening) . . . . . .

Telephone Number (Mobile) . . . . . .

Date of Birth . . . . . .

Marital Status . . . . . .

Occupation . . . . . .

Details of existing or previous club membership(s) held

How did you learn of Houghwood Golf

Current handicap or level of golfing ability

Type of membership preferred

I acknowledge that:

1. The Directors have the right to refuse membership within their absolute discretion and that completion of this form does not signify acceptance as a member.
2. Upon being accepted as a member, I will be bound at all times by the rules of the club.
3. My membership details will be held on computer records for the administrative purposes of the Club.
4. Entrance Fees are non refundable. Any adjustments to subscriptions are at the sole discretion of the Directors.

Signed Date

Houghwood Golf Limited, Billinge Hill, Crank Road, Crank, St Helens WA11 8RL
Golf Reservations - 01744 894444 **Office/Restaurant - 01744 894754**