HEACHAM MANOR GOLF CLUB ADULT MEMBERSHIP APPLICATION FORM

Title: Surname:		Forename:			
Address:					
Town:	County:				
Postcode: Tel No:					
Mob Tel No: E-Mail Address:					
Date of Birth://	Handicap:	No Hand	dicap	(Please see rule 1	2)
I am a member of another golf club: Name of					
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 Clu	ıb?	-	
If introduced by member, please include member's name and membership number here: Members Number:					
I am happy to receive email correspondence from Heacham Manor Golf Club I am happy to receive email correspondence about other Searles Leisure Group products I am happy for Searles to share my email and date of birth to England Golf Please Tick [] 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:					
Membership applied for: (Please complete total column where appropriate)					
MEMBERSHIP CATEGO		COST		TOTAL	
Annual Heacham Manor Membe	rship PRIL 2026)				
Mens / Ladies Norfolk County and England Golf Affiliation fee		£26.00)	Plus	
Ontional Socreto Dual Mambarahi	n.				
Optional Searles Dual Membership: MEMBERSHIP CATEGORY		COST		TOTAL	
Dual Searles Membership (TO 30th AF	PRIL 2026)				
	TOTAI	L			
Please sign and return or email this completed form to golf@heacham-manor.co.uk. Payment by BAC's to Sort Code: 20-47-15 Account number 00791164 Ref: HM (Surname) Or contact the shop on 01485 579825.					
OFFICE USE ONLY: Please indicate with initials					
HM BRS SUBS BILL	.S EMAIL	. CARD	WHS	BRS PIN	