HEACHAM MANOR GOLF CLUB TRIAL MEMBERSHIP APPLICATION FORM 2026

Title: Surname: Address:				
Town: Count	y:			
Postcode: Tel No				
Mob Tel No: E-Mail Address:				
Date of Birth: / / Handicap: .	No Handicap	(Please see rule 12)		
am a member of another golf club: Nam	ne of Club:			
would like to make Heacham Manor my home club for handicapping purposes:				
have previously held membership at the following clubs golf clubs: No Previous Clubs:				
Name of Clubs:				
have previously held a handicap of:	No Pı	revious Handicap:		
How did you hear about Membership at Heacham Manor Golf Club?				
f introduced by member, please include member's name and membership number here:				
am happy to receive email correspondence from Heacham Manor Golf Club.				
am happy to receive email correspondence about other Searles Leisure Group products Please Tick []				
am happy for Searles Leisure Group to share my email and date of birth to England Golf 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				
hereby apply for membership to Heacham Mand	or Golf Club. I have read th	ne terms and conditions		
stated in the current Rules and agree to abide by	them.			
Signed:	Date:			
MEMBERSHIP CATEGORY	COST	TOTAL		
New Year Trial Membership	£149.00			
1st January 2026 until 30th April 2026	includes Affiliation			
This 'Trial membership' entitles the above to me April; at that time the option to join in full is ava The annual membership fee will be automatically membership reduced by £123 (membership paid	mbership of Heacham Man ilable. v invoiced in April and will l	be the standard		
membershib reduced by £123 (membershib Dala	HIIIIUS AIIIIIAUUII). AIIIIIAU	on will be reduited tof		

new season.

£149 Offer rate available to new members only. Please return the completed form with payment to, Heacham Manor Golf Shop.

OFFICE USE ONLY			
HM BRS SUBS	BILLS BR EMA	AIL CARD	BRS PIN