



Membership Application Form

Full Name

Address

.....

..... Post Code

Telephone Number (Home)

Telephone Number (Mobile)

Email Address

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:

CDH Number:

Type of membership preferred:

I acknowledge that:

1. The Managers 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 Managers.

Signed:..... Date:

Houghwood Golf Limited

Billinge Hill, Crank Road, Crank, St Helens, WA11 8RL

Golf Reservations - 01744 894444

Office/Restaurant - 01744 894754

Email - office@houghwoodgolf.co.uk

Website - www.houghwoodgolfclub.co.uk