

SEARLES RESORT GOLF CLUB

ADULT APPLICATION FORM 2024

Title..... Surname: Forename:

Address:

Town:

County: Postcode:

Tel No. Mob Tel No.

E-Mail Address:

Date of Birth _ _ / _ _ / _ _ Handicap: No Handicap

Car Registration Number/s:

If Owner: Caravan / Lodge Number..... If Staff: Department.....

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

CDH Number:

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

How did you hear about Membership at Searles Golf Club?

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

..... Members Number:

- I am happy to receive email correspondence from Searles Golf Club Please Tick []
- I am happy to receive email correspondence about other Searles Leisure Group products Please Tick []
- I am happy for Searles 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.searles.co.uk/privacy-policy>

I hereby apply for membership to Searles 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 CATEGORY	COST	TOTAL
Membership <small>(TO 31 March 2025)</small>		
Mens / Ladies Norfolk County and England Golf Affiliation fee	£26.00	
GRAND TOTAL		

Please include a copy of proof of student / apprentice scheme – Without this information your membership application will not be processed.

Please sign and return or email this completed form to golf@searles.co.uk
 Payment by BAC's to Sort Code: 20-47-15 Account number 00791164 Ref: SEARLES (Surname)
 Or contact the shop on 01485 536023.

*OFFICE USE ONLY:
Please indicate with initials*

HM BRS SUBS BILLS TOWER EMAIL CARD **BRS PIN.....**