

# Membership application form

Please fill in form below with your details and membership option.

Full name:	Title
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Company name:
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Address:
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Postcode:	Tel no. (home):
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Mobile no:	Date of birth:
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Email address:
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Please state how or where you heard about us:
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## Membership type:

Please tick appropriate membership option

7 Day

Intermediate

Colt

Junior

Hole sponsor 1

Flexi

Corporate

5 Day

Intermediate Plus

Colt Plus

80 Plus

Hole sponsor 2

Flexi Plus

Payment enclosed £
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Please state either

1. Handicap index .....

3. Last handicap held .....at ..... date .....

4. No handicap ever held .....

Do you wish .....Golf Club to be your home club for handicap purposes?

Yes  No  if NO, which other club .....

Signed:	Date:
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After completing please return to:

Hurtmore Golf Club, Hurtmore Road, Godalming, Surrey GU7 2RN

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Please tick here if you would like us to contact you with information about goods and services which we feel may be of interest to you.

Telephone

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SMS

Post