



MEMBERSHIP APPLICATION FORM

Name: _____

Address: _____

_____ Postcode: _____

Telephone _____ Mobile: _____ Land-line: _____

Email: _____

Date of birth: _____

Membership type: _____

Previous golf club: _____

CDH number (if known): _____ Handicap (if known): _____

NEXT OF KIN

Name: _____

Relationship to you: _____

Contact telephone: _____

Please detail any medical conditions and allergies that you are aware of: _____

By signing below, I acknowledge that I have read, understood, and agree to the 'TERMS OF MEMBERSHIP AND PLAY' and 'BUGGY USER AGREEMENT', and agree to abide by them.

If I wish to cancel my membership I will give 30 days notice and I agree to return to Boston West my bag tags and membership discount card.

Signed: _____ Date: _____

FOR OFFICE USE ONLY:		Initial		Initial
Member added to Tabology:			Member added to Club Systems	
Bank mandate set up:			Bag tag / membership card given:	
Subscription chosen:			Date membership agreed:	
One-off payment taken:	YES/NO £			

