## SEARLES RESORT GOLF CLUB ADULT APPLICATION FORM 2025

Title Surname: Forename:		
Address:		
Town:		
County: Postcode:		
Tel No Mo	b 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 CDH Number: Name Name Name Name Name Name Name Name		П
How did you hear about Membership at Searles Golf Club?		
If introduced by member, please include me	mber's name and mem	bership number here:
I am happy to receive email correspondence from Se I am happy to receive email correspondence about ot I am happy for Searles to share my email and date of	her Searles Leisure Group p	Please Tick [ ] roducts Please Tick [ ] Please Tick [ ]
Any personal data you give to us will be processe located on our website https://www.searles.co.uk/		aw and our privacy policy
I hereby apply for membership to Searles Golf Club. and agree to abide by them.	I have read the terms and co	onditions stated in the current Rules
Signed:	Date:	
Membership applied for: (Please complete total column where appropriate)		
MEMBERSHIP CATEGORY	COST	TOTAL
Membership (TO 31 March 2026)		
Mens / Ladies Norfolk County and England Golf Affiliation fee	£26.00	
GRAND TOTAL		
Please include a copy of proof of student / ap Without this information your membership ap		cessed.
Please sign and return or email this completed for Payment by BAC's to Sort Code: 20-47-15 According to Contact the shop on 01485 536023.		
OFFICE USE ONLY: Please indicate with initials		
HM BRS SUBS BILLS TOWER EMAIL CARD BRS PIN		