Bridlington Golf Club
Application for Membership 2026

Full Name _____

Address & Postcode _____

_____

Home Telephone No. _____

Mobile Telephone No. _____

Email Address: _____

Hereby apply for Membership of Bridlington Golf Club as:-

		Please also include your Date of Birth:-
Full Playing Member	**£826**	_____
5 Day Member Mon- Fri	**£755**	_____
Country Member 7 Day	**£670**	_____
Country Member 5 Day	**£626**	_____
Flexi Member (18 or 9 Hole)	**£400**	_____
Under 12 Years (as at 01.01.26)	**£50**	_____
Under 15 Years (as at 01.01.26)	**£105**	_____
Under 17 Years (as at 01.01.26)	**£145**	_____
Under 20 Years (as at 01.01.26)	**£205**	_____
Under 26 Years (as at 01.01.26)	**£390**	_____
Under 28 Years (as at 01.01.26)	**£545**	_____
Under 31 Years (as at 01.01.26)	**£745**	_____
SOCIAL	**£30**	_____
SOCIAL (Couple)	**£40**	_____

I agree to pay an Annual Subscription of £_____ and to pay on demand all monies that become due and payable by me. I also agree to abide by the ***Rules of the Club*** *for the time being in force.*

Signed & Dated: _____

Trade/Profession: _____

Have you previously been a member at Bridlington Golf Club? Yes / No Year _____

Have you previously been a member any other Golf Club? If so which club _____Year _____

Will you remain a member of a second club? Yes / No

If so, where do you wish your Official Handicap to be held? _____

CHD Number if known and Current Handicap Index: _____

If you wish to opt out of 'How Did I Do' please tick the Box ☐

'I am happy for you to communicate with me regarding additional club activities via the following means' Please tick the relevant box(es).

Mobile telephone ☐ Text ☐ Email ☐ Telephone ☐ Post ☐