



MEMBERSHIP FORM

Title: _____ Surname: _____

First Names: _____

Address: _____

Home Phone no.: _____

Mobile Phone no.: _____

Work Phone no.: _____

Email Address: _____

Handicap: _____

Umpire Grade: _____

Membership Type: _____

Membership Fee: _____

HPA Membership Fee: _____

(See below for Membership and HPA Fees, please enter as appropriate)

Total Fee payable: _____

Signature: _____

Date: _____

(Please make cheques made payable to Binfield Heath Polo Club)



**Binfield Heath Polo Club
DECLARATION**

I, _____

of _____

hereby agree to be bound by the Rules, Regulations, Orders, Articles and Directives from time to time in force of Binfield Heath Polo Club and of the Hurlingham Polo Association.

Signed: _____

Date: _____

Binfield Heath

POLO CLUB

Membership fees (exclusive of HPA)

Category	Price
Full	£1700
Pros	£500
Second Club <i>(BHPC not to be used as main club for matches or chukkas – Committee's discretion shall be final)</i>	£1050
Chukka Membership	£1050
Non-member chukka fee	£50

(Discount for family members will be considered on application)