THURLESTONE HOTEL

SOUTH DEVON COAST

# VOYAGE SPA AND COUNTRY CLUB 2025/2026 MEMBERSHIP APPLICATION FORM

Website : www.thurlestone.co.uk

Email : reception@thurlestone.co.uk

To the membership secretary,
I/We wish to apply for membership at Thurlestone Hotel Voyage Spa and Country Club.
If accepted , i would like to pay my subscription by debit/credit and will contact you with my details.

## NAME OF MEMBERS

Name : Name :

Full Address :

Postcode : Phone Number :

Email :

Children : Name: DOB :

Name : DOB :

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## TYPE OF MEMBERSHIP

*Choose your type of membership

Winter (November- March) ☐ Annual (November - October) ☐

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## TERMS & CONDITIONS

The Club reserves the right to refuse entry to any applicant without giving reason for such refusal. All elected members are governed by the rules of the Club which i have read and i fully understand that I/we use all the club facilities at my/own risk.
Membership commences form he time subscription payment is received.

If accepted, i would like to pay my subscription by debit/credit and will contact you with my details. [ ]

Full payment by BACS [ ]

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Signature _____