

Membership Application Form

Name:

Address:

Email Address:

Mobile Number:

Home Number:

Gender:

Date of Birth:

Membership Required:

Full / Midweek / Lady / Junior / Twilight / Trial / Corporate / Social / Social + Golf

Do you hold a current handicap? Yes / No

If Yes. Please provide your CDH Number Yes / No

If No. Have you ever held a handicap Yes / No

If Yes. What was it and when was it held

Emergency Contact:

Emergency Contact Number:

We use the information above to allow the Golf Club to fulfil our contractual obligations to you as a member in accordance with the Club's Articles of Association and Rules & Regulations. We share this information with our external and internal Data Processors who adhere to our privacy policy.

We would also like to be able to correspond with you regarding the Club's activities including events and competitions by way of post, telephone, email or SMS

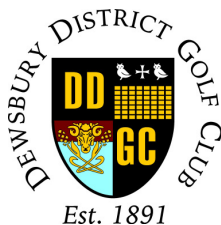
"I am happy for the Golf Club to communicate with me regarding additional club activities via the following means."

(Please **tick** the relevant box(es))

Post Mobile Email Telephone

We may also wish to share your information with the professional so that they may send you information about their products and services by email.

If you agree to your information being shared in this way please tick the box



The Club's Privacy Policy is attached to this application form for you to view but if you need any further information please write to the Data Controller Steve Boustead at Dewsbury District Golf Club, The Pinnacle, Sands Lane, Mirfield, WF14 8HJ

I understand that should my membership application be successful I will be bound by the Golf Club's Articles of Association and Rules & Regulations.

I understand that should my membership application be successful my membership will be for a minimum of 12 months. Subscriptions will be due for the 12 month period. If I opt to pay by standing order / direct debit the full subscription will be payable if I cancel my membership.

"I confirm **I am over the age of 16** and have read, understood and agree with the way my data will be used by Dewsbury District Golf Club"

(If under the age of 16 a parent or guardian must sign this form on your behalf)

Signature (**Member / Guardian**) please delete as appropriate

Date

Print Name

**Membership Application Form
Proposers / Secunder Section**

Name of Proposer:

Name of Secunder:

The above applicant is known to us and we believe him or her to be a suitable person to be elected a member of DEWSBURY DISTRICT GOLF CLUB LTD.

Signed

Proposer

Date

Signed

Secunder

Date