

# Application For Membership

I apply for membership of Barlaston Golf Club and if elected, undertake to abide by the Constitution, Rules, Regulations and bye-laws of the club.

I wish to apply for the following type of membership:

Please tick a box

Full

5 Day

Junior

Comm

Social

Name in Full: .....

Address: .....

.....

Post Code: .....

Date of Birth: .....

Do you hold a current handicap: Yes / No

If Yes. please provide your CDH Number: .....

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

If Yes. What Was It: ..... When Was It Held: .....

If you are a member of another Club(s), "HOME CLUB" MUST be selected and stated here

.....

Emergency Contact: ..... Contact number:.....

We use the information above to allow us to fulfil our contractual obligations to you as a member in accordance with our Club's Constitution/Byelaws. 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 our club activities including events and competitions by way of letter, email or SMS.

I am happy for you to communicate with me regarding additional club activities via the following means' Please fill in the information and tick the relevant box(e's).

Post: *Address as above*

Email: .....

Telephone .....

Mobile .....

Please Continue on Reverse

To assist with internal communication, we publish a Members Directory on our website. This contains names, addresses and contact details of our members and is password protected.

Please tick the box confirming your agreement to your information being included in the Members Directory.

We may also wish to share your information with the Club's Golf 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.

We have attached a copy of our Clubs Privacy Policy to this application form for you to be able to view but if you need any further information please write to the Club's Data Controller J. M. Pickerill, at Barlaston Golf Club, Meaford Road, Stone, Staffs, ST15 8UX.

I understand that should my membership application be successful I will be bound by the club's Constitution/Byelaws.

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

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

*Please tick as appropriate:*

Applicant

Guardian

Member Signature: ..... Date: .....

If the guardian of the applicant please provide the following information:

Name in Full: .....

Address: .....  
.....

Post Code: .....

Relationship to the Applicant: .....

I have known the applicant personally for ..... years

Signature ..... Date: .....