

Bungay & Waveney Valley Golf Club- Membership Application Form

Membership category applying for

Name in full (Mr/Mrs/Miss/Ms/Dr).....

Address.....

.....

.....

Date of Birth.....

Do you consider yourself to have a limiting disability? Yes / No (Circle as appropriate)

Do you hold a current handicap? Yes / No (Circle as appropriate)

If yes, please provide your CDH number and current handicap

CDH Number..... Handicap.....

If no, have you ever held a handicap? Yes / No (Circle as appropriate)

If Yes. What was it and when was it held?

If you are a member of another club, please name which will be your “**HOME CLUB**” here:

.....

Emergency Contact Name.....

Emergency Contact Phone Number.....

Introducing Member (if applicable-for purposes of member referral reward):

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We use this information to allow us to fulfil our obligations to you as a member and provide the additional ancillary services and benefits you expect as a member. We may share this information with our external and internal Data Processors. However, if so, this will in line with our Member Privacy Notice and done lawfully.

If you would like to see a copy of our Member Privacy Notice, or would like any further information on our data protection processes, please visit our website, or let us know and we will be happy to share this with you.

I understand that should my membership application be successful, I will be bound by the club's articles/ 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 Bungay & Waveney Valley Golf Club- ***If you're under the age of 16, a parent/ carer must sign this form on your behalf***

Signature: (Applicant / Carer) Delete as appropriate Date:

Print Name: _____

Thank you very much for choosing Bungay and Waveney Valley Golf Club, we hope you enjoy your membership.



Great golf, great food, great friends