



Application Form

Full Name: (Mr/Mrs/Ms/Master/Other)

Address:
.....
..... Post Code:

Date of Birth: Student/Occupation:

Membership Category (Please Tick)

- | | | | | | |
|----------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|
| 7 Day | <input type="checkbox"/> | 5 Day | <input type="checkbox"/> | | |
| Intermediate 18 – 21 | <input type="checkbox"/> | Intermediate 22 – 25 | <input type="checkbox"/> | Intermediate 26 – 29 | <input type="checkbox"/> |
| Student away | <input type="checkbox"/> | Junior | <input type="checkbox"/> | | |
| Flexible | <input type="checkbox"/> | Country | <input type="checkbox"/> | Accessible | <input type="checkbox"/> |

Current/ Previous golf club (if any)

Present Handicap CDH Number

How did you hear about our membership?.....

We use the information above to allow us to fulfil our contractual obligations to you as a member in accordance with our club’s articles/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 post, telephone, 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(es).

Post:	<i>Address as above</i>	<input type="checkbox"/>
Email:	<input type="checkbox"/>
Telephone:	<input type="checkbox"/>
Mobile:	<input type="checkbox"/>

From time to time we may also be asked to share some of your data (address, phone number, email address) with Committee or other members for the purposes of arranging competitions or Club activities. If you are happy to give your consent to such requests, please tick the box.

We may also wish to share your information with our golf professionals 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.

To view the club’s Privacy Policy please visit <http://bramptonpark.preview.csiwebsites.com/policy.aspx> but if you need any further information please write to the Data Controller, Alisdair Currie.

‘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 Brampton Park Golf Club. **If under the age of 16 a parent or guardian must sign this form on your behalf**

Signature: **(Applicant / Guardian) Delete as appropriate**

Date:

Print Name: