



PETERBOROUGH MILTON GOLF CLUB – GOLF MEMBERSHIP APPLICATION FORM

I wish to become a Member of the Peterborough Milton Golf Club and I agree to be bound by the Rules and Bye-Laws of the Club.

Date of Application:

NAME in Full (please print) Date of Birth:

Address (please print)

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.....Post Code:

Telephone: Home Mobile:

Email address.....

Occupation Company

Current or Last Club..... Handicap (if applicable)

C.D.H. Number _ _ _ _ _ (Available from your last Club)

Category of Membership required:

G.D.P.R. (Data Protection) - Please note in completing and signing this form you are providing us with your permission to hold your Personal Data which will be used for Golf Club Membership purposes only and will be shared only with the businesses who run our Club Handicap and Membership software.

Signature:

Applications to be returned to: **The Secretary, Peterborough Milton Golf Club,
Milton Ferry, Peterborough, PE6 7AG or emailed to secretary@pmgc.org.uk**

OFFICE USE ONLY

Ack/D	Membership Database Updated	Interview Completed	Advised of Acceptance	Subs Paid & Entered Ledger	Member No. _____ H'Cap Updated _____
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