Members Application Form

Membership applying for	:				
Name:		Address:			
Date of Birth:]			
				P	Post Code
Do you hold a current han Yes / No	ndicap?	Emergen	cy Con	tact and Telephor	ne Number:
If Yes, please provide your CDH Number:		Any Medical Condition/s you think we should be aware of:			
Do you know any Membe	ers of Widnes Golf Cl	ub:			
our Club's Constitution/R	tules. We share this is e would also like to be	nformation e able to co	with ou	ir external and int	ou as a member in accordance with ternal Data Processors who adhered ding our Club activities including
'I am happy for you to co		0		nal club activities	s via the following means'
Post: Address as above					_
Email:					_
Talankana					\vdash
Telephone:					— 🔲
Mobile:					_
We may also wish to shar products and services by	•			• •	y send you information about their his way, please tick here
	ion, please write to th	-		· · · · · · · · · · · · · · · · · · ·	you to be able to view but if you y) at Widnes Golf Club, Highfield
'I understand that s	should my membersh	ip applicati	on be s	uccessful, I will l	be bound by the Club's Rules.
'I confirm I am over the Golf Club' – <i>If under the</i>	_			•	way my data will be used by Widn your behalf.
Signature (Member/Guar	dian) Delete as approp	oriate: I	Date:		
	_				

Print Name: _____

FOR OFFICE USE ONLY

Date Received		User ID No	
Date of Interview		Swipe Card No	
Approved By Committee	Yes / No	Letter/E Mail Sent	
Membership Category		Payment Source	
Entered on to Club V1		Welcome Pack	