



JUNIOR MEMBERSHIP APPLICATION

I wish to become a Junior 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)

Address (please print)

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Post Code:

Telephone: Home Mobile

Father / Mother's Name.....If a Member of PMGC Yes/No

School/College (please print)

Home Email address

Last Club: Handicap

Date of Birth: Signature:

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.

Applications to be returned to: Peterborough Milton Golf Club,
Milton Ferry, Peterborough, PE6 7AG

OFFICE USE ONLY

Ack/D	Passed by Interview Committee	Displayed for Members	Advised of Acceptant	Subs Paid & Entered Ledger	Comp. No _____ Smartcard _____
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IMPORTANT - Please ensure a PARENTAL CONSENT FORM accompanies this Application Form.