



SOUTH BEDS GOLF CLUB

SOCIAL MEMBERSHIP APPLICATION FORM

This section to be completed by applicant:-

First Name(s):..... Title:(Mr, Mrs, Ms).....

Surname:..... Date of Birth:.....

Address:.....

..... Postcode:.....

Telephone No:..... Mobile:.....

E-Mail Address:.....

Occupation:.....

Signature:..... Date:.....

The Annual Subscription shall be payable immediately upon notification of acceptance.

How did you hear about the Club:.....

GDPR - Selected information above (Name, Telephone & Mobile) will be passed to relevant sections such as Ladies & Vets if applicable and used in publications such as the Club Diary and Members List Online. Please tick to consent to your contact information being shared in this manner: