



## APPLICATION FOR MEMBERSHIP

I hereby apply for membership of Windyhill Golf Club and agree to conform to the Rules of the club.

Please tick required category of membership.

Ordinary (Full)	Weekday	Limited Play	Intermediate [Ages 27-30]	Intermediate [Ages 23-26]	Youth [Ages 18-22]
Junior A [Ages 15-17]	Junior B [Ages 10-14]	CASC	Family	Social	

Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Date of Birth \_\_\_\_\_

Gender      Male       Female       (tick appropriate box)

Golf Handicap (if any) \_\_\_\_\_ CDH No (if any) \_\_\_\_\_

Home Tel No \_\_\_\_\_ Mobile No \_\_\_\_\_

E-mail Address \_\_\_\_\_

In accordance with Data Protection legislation, I grant the club permission to hold and use my personal data exclusively for use in administering the Club's obligations and objectives.

Signature \_\_\_\_\_ Date \_\_\_\_\_