



P & S Golf Course Management Limited



Membership Application Form

Category .....

Name in full: .....  
(Mr, Mrs or Miss etc.)

Address: .....  
.....

Date of Birth: .....

Do you hold a current handicap? Yes / No

If Yes, please provide your CDH Number: .....

If No. Have you ever held a handicap Yes / No

If Yes. What was it and when was it held: .....

If a member of another Club(s), "HOME CLUB" MUST be selected and stated here

.....

Emergency Contact: ..... Contact number:.....

We use the information above to allow us to fulfil our contractual obligations to you as a member in accordance with our Club's Constitution. We share this information with our external and internal Data Processors who adhere to our privacy policy.

We would also like to be able to correspond with you regarding our club activities including events and competitions by way of post, telephone, email or SMS.

'I am happy for you to communicate with me regarding additional club activities via the following means' Please fill in the information and tick the relevant box(es).

Post: Address as above

Email: .....

Telephone: .....

Mobile: .....

To assist with internal communication, we publish a Members Directory on our website. This contains names, addresses and contact details of our members and is password protected. If you agree to your information being included in the Members Directory, please tick the box.

The Clubs Privacy policy is available via request from the Data Controller at the Club.

'I understand that should my membership application be successful I will be bound by the Club's Constitution & Byelaws

'I confirm I am over the age of 16 and have read, understood and agree with the way my data will be used by South Herefordshire Golf Club- **If under the age of 16 a parent or guardian must sign this form on your behalf**

Signature:

Date:

Print Name: \_\_\_\_\_

