

# Killymoon Golf Club

Office - 028 867 63762



Killymoongolfclub.com

## PERSONAL DETAILS

NAME:

ADDRESS:

POST CODE:

DATE OF BIRTH:

EMAIL:

PHONE NO:

MOBILE NO:

PREFERRED METHOD OF CONTACT:

## MEMBERSHIP CATEGORIES

CATEGORY REQUIRED:

JOIN DATE:

### CATEGORIES

ORDINARY 7 DAY/ORDINARY 6 DAY/HISTORICAL ASSOCIATE/  
COUNTRY/PAVILLION/HOUSE/NOVICE MALE/NOVICE FEMALE/NOVICE  
JUNIOR/FAMILY JUNIOR/JUNIOR/SENIOR/SENIOR HISTORICAL  
ASSOCIATE/UNDER 30 MALE-FEMALE/UNDER 25 MALE-FEMALE/  
STUDENT/FAMILY (1 ORD 1 HIST) FAMILY (2 ORD)/FAMILY 6 DAY

## REFERRAL

(Only Past Captains, Members of Council, Presidents, Past Presidents or Trustees of the Club can act as referee)

PROPOSED BY:

PRINT:

SECONDED BY:

PRINT:

REFEREE:

DATE:

CONTINUED



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## GOLFING HISTORY

HAVE YOU PREVIOUSLY BEEN A MEMBER OF A GOLF CLUB?                      YES                      NO

IF "YES" PLEASE GIVE FULL DETAILS:

NAME OF CLUB/S

MEMBERSHIP CATEGORY/IES:

INITIAL HANDICAP ALLOTTED:

LOWEST CONGU HANDICAP HELD:

(A COPY OF YOUR LAST DETAILED HANDICAP RECORD WILL BE REQUIRED)

IF "NO" OTHER GOLFING EXPERIENCE - IF ANY

HAVE YOU PLAYED SOCIETY GOLF:    YES                      NO

IF "YES" PLEASE GIVE DETAILS OF HANDICAP HELD IF ANY:

HAVE YOU PLAYED PITCH & PUTT:    YES                      NO

IF "YES" PLEASE GIVE DETAILS OF HANDICAP HELD IF ANY:

NOTE: THE ALLOTMENT OF HANDICAPS AT KILLYMOON GOLF CLUB IS THE RESPONSIBILITY OF THE MENS CLUB WHO WILL ADVISE YOU OF THE PROCEDURE TO OBTAIN A HANDICAP IN ACCORDANCE WITH CLAUSE 16 OF THE CONGU UHS.

PLEASE RETURN COMPLETED FORM TO

Killymoon Golf Club

200 Killymoon Road | Cookstown | Co Tyrone | BT80 8TW

Here at Killymoon Golf Club we take our obligations under the General Data Protection Regulations (GDPR) very seriously. Thanks for taking the time to provide us with details of the information which you give consent for us to use. The consent will allow us to comply with the GDPR and also to run the Club efficiently and effectively. The Club confirms that it will not sell or rent your personal data.

Thank you

Killymoon Golf Club

Email address:

Full Name:

Your Age (used for parental consent only):

If you answered 17 years or under, please provide the name and contact details (including address, email and telephone number) of your responsible parent/guardian, in the box below as the Club will need to contact them separately too:

Your Own Address and Postcode

Your Own Phone number

I agree to allow The Killymoon Golf Club to use my Personal Data for the following purposes (please tick those that you consent to).

- for the Club to provide me with Membership services e.g. issuing communications and subscription, handicap, security access, club news. I consent for my personal details to be held on the Club's member administration system.
- for the provision of information that the Club feels would be of value to me e.g. local competitions, results, GUI news.
- Including my name and photograph in external Club news channels e.g. local press and social media for competition results in local press and social media such as the Club's website and the Club's Facebook pages.
- allowing the Club to contact family or partner in the event of an emergency.

Please note that for the security of members, their property and staff safety the Club operates a CCTV system. The system keeps information for 14 days, after which it is overwritten. Copies of current CCTV footage are available to members upon written request.

NOTES: