

EVESHAM GOLF CLUB



MEMBERSHIP APPLICATION FORM

**Craycombe Links, Evesham Road, Fladbury,
PERSHORE, Worcestershire, WR10 2QS**

Office: 01386 860395

Professional: 01386 861011

Email: secretary@eveshamgolfclub.co.uk

NAME	
ADDRESS	
POST CODE	
DATE OF BIRTH	
EMAIL ADDRESS	
MOBILE NUMBER	
HOME NUMBER	
EMERGENCY CONTACT	
EMERGENCY NUMBER	

PREVIOUS GOLF CLUB	
HANDICAP	
CDH NUMBER	

PROPOSER	
SIGNATURE	PRINT NAME
SECONDER	
SIGNATURE	PRINT NAME

Please tick or circle category you wish to join

FULL	7 day	5 day	Age 31-39	Age 26-30	Age 21-25
INTRODUCTORY	6 month				
SUMMER					
WINTER					
EXECUTIVE					
EXECUTIVE LITE					
FLEXIBLE					
COUNTRY					
JUNIOR	Age 17-20	Age 12-16	Under 12		
FACILITY					
SOCIAL					

OFFICE USE ONLY

<i>Membership Approved:</i>	
<i>Invoice No:</i>	
<i>Welcome Meet:</i>	
<i>Swipe Card No:</i>	
<i>Membership Pack issued:</i>	
<i>Locker:</i>	
<i>Trolley Shed:</i>	
<i>Additional Info:</i>	

We use the information on this form to allow us to fulfil our obligations to you as a member in accordance with our Club Rules. We share information with our external and internal data processors who adhere to our privacy policy.

We would like to correspond with you regarding Club activities including events and competitions along with feedback requests on Club performance and facilities by e-mail.

If you are happy for Evesham Golf Club to communicate with you regarding additional club activities, please tick the box:

Email	<input type="checkbox"/>
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We may also wish to share your information with the Club professional so that they may send you information about products and services by email. If you agree to your information being shared in this way, please tick the box

<input type="checkbox"/>

By signing this form I hereby confirm that I will accept the clubs decision regarding my application for membership. If admitted I shall comply with the Club Constitution and Bye Laws.

I confirm that I am over 16 years and have read, understood and agree with the way my data may be used by Evesham Golf Club. If under the age of 16 a parent or guardian must sign this form on your behalf.

Signature (Applicant/Guardian)	Print Name	Date