

SOUTH BEDS GOLF CLUB

GALLEY COURSE

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:..... Membership Applied for:.....

Past/Present Member of:.....

Handicap..... CDH:.....

Please confirm that South Beds Golf Club will be your HOME club for handicapping purposes YES - NO

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

Ideally, applicants should be proposed and seconded by members of not less than two (2) years as a Member, to whom they are personally known. However, if this is not applicable please contact the Club for further information.

Proposer..... Seconder.....

Signature..... Signature.....

Date..... Date.....

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

FEES - I understand that if my membership application is successful, I will be bound by the Club rules and byelaws. If membership is cancelled at any time during a current year then the outstanding balance owed for the year's membership must be paid in full prior to resigning. I Agree -

GDPR – The above information will be held privately in the “cloud” and relevant information will be passed to Club sections such as Ladies & Vets, used in technologies such as our Club’s Member App and passed to England Golf for handicap purposes. All reasonable care will be taken to protect your data and keep it confidential. Please tick to consent to your contact information being shared in this manner: I Agree -