



SOUTH BEDS GOLF CLUB

WARDEN HILL 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: (Tick Appropriate) Adult..... Junior.....

Past/Present Member of:.....

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

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

Signature:..... 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 bylaws. 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