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

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NAME				
ADDRESS				
POST CODE				
DATE OF BIRTH				
EMAIL ADDRESS				
MOBILE NUMBER				
HOME NUMBER				
EMERGENCY CONTACT				
EMERGENCY NUMBER				
PREVIOUS GOLF CLUB				
HANDICAP				
CDH NUMBER				
SIGNATURE	PROP	USEK	PRINT NAME	
CIGINATURE			I MINI NAME	
	SECO	NDER		
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 17-2	20 A	ge 12-16	Unde	er 12
FACILITY					
SOCIAL					

OFFICE USE ONLY

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

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



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

Golf Professional	
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We also need to share your information with the England Golf WHS Platform in order to maintain your handicap. This is your email address and date of birth. The data is used purely to allow handicap maintenance. Details of England Golf's data security policy can be viewed on their website. If you agree to your information being shared in this way, please tick the box:

WHS Platform	
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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