

Waltham Windmill Golf Club

Cheapside Waltham Grimsby DN37 0HT

Telephone: 01472 824109 Fax: 01472 828391

secretary@walthamwindmillgolfclub.co.uk

Membership Application Form

Surname: _____ Christian Names: _____

Title (Mr/Mrs): _____ Date of Birth: _____

Address: _____

Post Code: _____ Telephone No: _____

Email Address: _____

Occupation: _____

Please tick the membership you are interested in:

Full: Joint: Young Adult: Junior: Country: Overseas: :

If seeking Joint Membership:

Name of Partner _____ Date of Birth: _____

Honorary Social Membership for Partner.: Name _____ Date of Birth _____

Do you wish Waltham Windmill Golf Club to be your home club Yes _____ No _____

If No then please give the name of your home club _____ Handicap: _____

CDH No: _____

Which other clubs have you been a member of ? _____ Dates: _____

Introduced by: (current Waltham Windmill member) _____

On my membership being accepted, I am consenting to receiving information about Waltham Windmill Golf Club by post/email/SMS/MMS/online or phone unless stated otherwise. In addition, I consent to my image being used for promotional purposes via social media/the club website and press releases.

Data Protection Opt Outs :

You have the right to refuse direct marketing and can do so by ticking the relevant boxes below.

I **DO NOT** wish to receive information about the Club's latest events and special offers _____ .

I **DO NOT** consent to for my image to be used for promotional purposes _____ .

I agree to abide by the Rules and Constitution of Waltham Windmill Golf Club

Signature of Applicant: _____ Date: _____

Waltham Windmill Golf Club reserves the right to refuse membership for whatever reason.

For Office Use

Interview Letter _____ Entered on System _____

Payment _____ Handicaps Informed _____

Bag Tag / Sticker _____ Handbook _____