



SOUTH BEDS GOLF CLUB

SOCIAL 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:.....

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

The Annual Subscription shall be payable immediately upon notification of acceptance.

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

GDPR – The above information will be held privately in the “cloud” and relevant information will be passed to Club sections if applicable and used in technologies such as our Club’s Member App.

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