Mill Hill Golf Club

MEMBERSHIP APPLICATION FORM

Membership Type: ***7 DAY / 5 DAY / EVO / JUNIOR*** *(please circle required membership)*	***Date:***
Full Name: ***D.O.B.*** ***Age:***	***Home Address:*** ***Post Code:***
Email Address:	***Mobile Number:***
Gender: ***Title:***	***Home Number:***
Current Handicap: ***CDH Number:***	***Have you ever held a handicap: YES / NO*** ***If so, what was it and when was it held***

We use the information above to allow us to fulfil our contractual obligations to you as a member in accordance with our club's articles/rules/constitution. We share this information with our external and internal Data Processors who adhere to our privacy policy. We would also like to be able to correspond with you regarding our club's activities and for us to carry out this processing we require you to positively opt in by completing the boxes below.

'I am happy for you to communicate with me regarding additional club activities via the following means':

Email		***Telephone***		***Mobile***	

We may also wish to share your information with the professional shop so that they may send you information about their products and services by email. ***If you agree to your information being shared in this way, please tick the box.*** ☐

We have a copy our clubs privacy policy on the Main Notice Board in the entrance hall and on our website.
'I understand that should my membership application be successful I will be bound by the Club's articles/rules/constitution.
If you agree, please tick the box. ☐

I consent to the Club giving my telephone numbers to other Members in order that they may contact me regarding competitions etc ***If you agree, please tick the box.*** ☐

Should you leave the club we would like to continue to hold your personal data so that we may contact you with details about future membership offers? ***If you agree to us retaining your personal data for this purpose, please tick the box.*** ☐

I confirm I am over the age of 16 and have read, understood and agree with the way my data will be used by the Golf Club
(If under the age of 16 a parent or guardian must sign this form on your behalf)

It should be noted that abusive or violent behavior in or on the club premises will not be tolerated. Such behavior may result in an automatic ban from the golf club and subscriptions paid will NOT be reimbursed. Kindly read and adhere to the 'club rules' which can be found on our website.

On joining the club as a member, you are agreeing to pay the subscription fee in-full, from the date of joining until the 31st of May. Subscriptions are non-refundable for any reason such as illness, injury or course closure etc.

Signature: (Applicant/Guardian) ***delete as appropriate*** _____ **Date:** _____

Office Use

MEM. No.	CLUB V1	BRS	EMAIL
PHOTO RECD	CARD	V1 PIC UPDATE	DATE