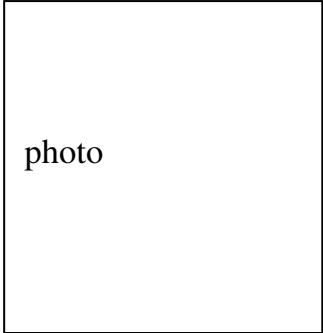




APPLICATION FORM FOR MEMBERSHIP

(The form must be fully completed in Block Letters)



MEMBERSHIP CATEGORY: JUVENILE

Name in Full..... Date of Birth.....

Private Address.....

Telephone Number(Home)..... (Mobile).....

(E-mail address).....

Golf Clubs of which Applicant.....
is or has been a member.

Membership of Other Clubs/Organisations.....

Lowest and present handicap..... CDH Number.....

I understand that should my membership application be successful I will be bound by the Club's constitution.

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

Signature of Applicant..... Date.....

We use the information above in order to allow us to fulfil our contractual obligations to you as a member in accordance with our Club's constitution. We share this information with our external and internal Data Processors who adhere to our Privacy Policy.

We have attached a copy of our clubs Privacy policy to this application form for you to be able to view but if you need any further information please write to our Data Controller (Kathy Bowden).

To be signed by the Proposer and Seconder

We know the Applicant personally and recommend him/her for membership.

Signature of Proposer.....Signature of Seconder.....

Name (Block Letters)Name (Block Letters)

*For Juvenile membership the requirement is a fully completed application form.
The Proposer and Seconder may be Ordinary, Life, Associate, Five Day, Country or Clubhouse Members*