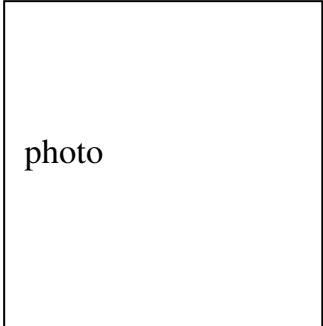




APPLICATION FORM FOR MEMBERSHIP

(The form must be fully completed in Block Letters)



MEMBERSHIP CATEGORY:(Please circle as necessary)

ORDINARY FIVE DAY CLUBHOUSE COUNTRY
INTERMEDIATE STUDENT JUNIOR

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.

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, Seconder and accompanied by a letter of recommendation from each.

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

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

Name (Block Letters)Name (Block Letters)

The Proposer and Seconder who must be Ordinary Members or Life Members, or in the case of an application for Five Day membership, may be Five Day Members.