

CLEVELAND GOLF CLUB



MEMBER'S APPLICATION FORM

Date _____

Full Name (Block Letters) _____

Address _____

Post Code _____

Email: _____ Twitter: _____

Profession or Occupation _____

Name of Firm/Company _____

Position held _____

Telephone No: Private _____ Business _____

Type of Membership Required _____

Age _____ Date of Birth _____ Current Handicap _____

(Please attach certificates)

Name(s) of Previous Club(s) _____ CDH: _____

Please enter the names of any Members who know you: _____

I consent to the club holding my Membership record on computer (DPA 1984, GDPR 2018 Compliance)	
I consent to the club contacting me electronically via the IP addresses provided (DPA 1984, GDPR 2018 Compliance)	
I confirm that I am not subject of any court orders restricting my association, activities or requiring safeguarding action and have no unspent convictions	

If elected to Membership of the Club I agree to abide by the Rules & Bylaws of Cleveland Golf Club.

Signature of Applicant: _____

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PROPOSER: I wish to propose the above candidate for Membership whom I have known personally, for a period of _____

Name _____ Signed _____

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Date received _____ Date displayed on Notice Board _____

Approved by _____

Amount Paid: _____ Cash/Cheque: _____ BAR Card No: _____

Membership No: _____ Fee Paid: Yes/No

Revised January 2018