

Membership Application Form

Name

Address:

.....

Email Address:

Under 18 Parent/guardian email address -----

Mobile Number: Home Number:

Male / Female (Delete as appropriate)

Date of Birth:

Occupation.....

Emergency Contact Name & number.....

Membership Required (Delete as appropriate)

Full / Midweek /Flexible / J intermediate / Youth / Junior 17 & under / Corporate / Social /Academy

Are you currently, or have you ever been a member at another golf club? Yes / No

If Yes we may contact the club for a reference

If Yes which club _____

Please provide your CDH Number _____

If No. Have you ever held a handicap? Yes / No

If Yes. What was it and when was it held?

Paid in full ☐

Direct debit ☐

1st payment made

☐

Membership of this club is not 'exempt' from the Rehabilitation of Offenders Act. We only ask applicants to disclose convictions which are not yet 'spent' under the Rehabilitation of Offenders Act 1974. If you are not sure whether your convictions are 'spent', please contact Nacro for further advice.

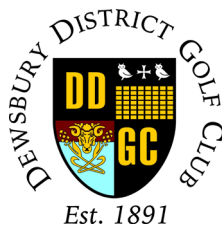
Do you have any 'unspent' convictions?

Yes / No

If you have answered yes, you now have two options on how to disclose your criminal record.

Option 1: Please provide details of your criminal record in the space below.

Option 2: You can disclose your record under separate cover provided that you mark a cross on the line below and attach the details in an envelope stapled to this form. The envelope should be marked CONFIDENTIAL and state your name.



We use the information above to allow the Golf Club to fulfil our contractual obligations to you as a member in accordance with the Club's Articles of Association and Rules & Regulations. 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 the Club's activities including events and competitions by way of post, telephone, email or SMS

"I am happy for the Golf Club to communicate with me regarding additional club activities via the following means."

(Please **tick** the relevant box(es))

Post ☐ Mobile ☐ Email ☐ Telephone ☐

We may also wish to share your information with the professional 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

☐

The Club's Privacy Policy is available to view on our website but if you need any further information please write to Dewsbury District Golf Club, The Pinnacle, Sands Lane, Mirfield, WF14 8HJ

I understand that should my membership application be successful I will be bound by the Golf Club's Articles of Association and Rules & Regulations.

I understand that should my membership application be successful my membership will be for a minimum of 12 months. Subscriptions will be due for the 12-month period. If I opt to pay by standing order / direct debit the full subscription will be payable if I cancel my membership.

"I confirm **I am over the age of 16** and have read, understood and agree with the way my data will be used by Dewsbury District Golf Club"

(If under the age of 16 a parent or guardian must sign this form on your behalf)

Signature (**Member / Guardian**) please delete as appropriate

Date

Print Name **Membership Application Form**

Proposers / Seconder Section

Name of Proposer:

Proposer's signature

date

Name of Seconder:

Seconder's signature

date



The above applicant is known to us and we believe him or her to be a suitable person to be elected a member of DEWSBURY DISTRICT GOLF CLUB .