



## EASTHAM LODGE GOLF CLUB

### APPLICATION FORM – ADULT GOLF

FIRST NAME: \_\_\_\_\_ SURNAME: \_\_\_\_\_

AGE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

\_\_\_\_\_

POST CODE: \_\_\_\_\_

TELEPHONE: Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ARE YOU A MEMBER OF ANOTHER GOLF CLUB: YES  NO

NAME OF CLUB: \_\_\_\_\_

CURRENT CERTIFIED HANDICAP: \_\_\_\_\_

WILL ELGC BE YOUR HOME OR AWAY COURSE:

HOME:  AWAY:

CLASS OF MEMBERSHIP APPLIED FOR:-

FULL GOLF:

INTERMEDIATE GOLF:

LIMITED:

SIGNATURE OF APPLICANT: \_\_\_\_\_ DATE: \_\_\_\_\_

*If my application is successful, I agree to be bound by the Constitution and Rules of the Club as currently in force or to any subsequent amendments to those Rules deemed to be necessary for the wellbeing of the Club.*

*Your personal data will be held on a secure system in order for us to be able to manage your membership. We may also communicate with you whilst you are a member, with details of renewals or other activities within the club. Your data will only be shared where it is necessary with a golf service provider, such as GolfNow (BRS), or SAWTED, in order to provide Golfers with services they have requested, such as booking tee times, customer support or marketing. Full details are provided in our Privacy Policy available on our website.*

*If you DO NOT wish to be contacted by the club please ensure you tick the relevant box. If you ever wish your details to be removed then please let the admin office know and they will be removed from all systems.*

DO NOT Contact me by Post: [ ]

DO NOT Contact me by Phone: [ ]

DO NOT Contact me by Email: [ ]

Please return this Application Form to: The Secretary, Eastham Lodge Golf Club, 117 Ferry Road, Eastham, Wirral CH62 0AP

Office use: Date Received:

Membership no:

Date of Joining:

Processed By: