



EASTHAM LODGE GOLF CLUB

APPLICATION FORM – SOCIAL MEMBER

FIRST NAME: _____ SURNAME: _____

AGE: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

POST CODE: _____

TELEPHONE: Home: _____ Mobile: _____

EMAIL ADDRESS: _____

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 details WILL NEVER be passed to any other party outside of the administration of Eastham Lodge Golf Club.

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: