



Application for Membership (Junior)

Thank you for wanting to join our Golf Club. If you want to know any more information, please visit our [website](#) with your parent(s) or get them to contact our [Membership Manager](#) or [PGA Professional](#) if there is an answer you need but cannot find.

Please fill in the boxes below (in capital letters) and either scan and send to our [Membership Manager](#) or leave with the professional in the shop. By becoming a member, there are certain rules we all must follow and if you join us, you will have to do that too. You can read through them with your parent(s) to make sure you know what they are: <https://www.halifaxgolfclub.co.uk/membership-rules>

Any Member joining after 1st MAY and wishing to pay monthly will need to make their initial monthly payment in the Clubhouse or via the Pro Shop, thereafter the monthly DD will be claimed.

Child's Surname:	Child's First Names:	
House Name/Number:	Street Address:	
Town:	City:	
Post Code:	Child's Date of Birth:	
Telephone:	Email:	
Current Club: No.:	CDH	Handicap:
Category of Membership required:	Parent member:	
	Under 16:	
	17 - 20:	
Any previous Golf Clubs:		
Date of joining:		

Signed (Parent): _____

Dated: _____

Signed (Child): _____

Safeguarding

Emergency Contact

Name: _____

Relationship to Player: _____

Contact Phone Number: _____

Medical and Additional Needs

Medical Conditions: _____

Allergies: _____

Medications: _____

Additional Assistance: _____

We collect and store only data that is applicable to your membership and to carry out our contractual obligation to you. This includes, but is not limited to; your name, date of birth and gender. Contact details including your home address, telephone numbers, email and emergency contact details. If you consent – we will share your details with our Professional Shop.

You have the right at any time to: 1) Request a copy of the information held about you. 2) Change your contact preferences. 3) Update your information to correct any mistakes. 4) Opt out of marketing.

Do you consent to Halifax Golf Club emailing you (**please initial**)

Do you consent to Halifax Golf Club PGA Professional Shop emailing you (**please initial**)

For Office use only:

WHS completed		Initial meeting date	
Club V1 completed		Captain informed	
BRS checked		Bar Card available	
DD/Invoice Paid		Signed Off	
New Member Pack sent			