



MEMBERSHIP APPLICATION 2022

APPLICANT INFORMATION

Name:		Membership Card Number:
Date of birth:	Home Tel:	Mobile:
Current address:		
City:	County:	Post Code:
Email:		Previous Club:
		Handicap:

IF CURRENTLY NOT A MEMBER OF A CLUB, PLEASE GIVE DETAILS OF YOUR GOLFING / LESSON EXPERIENCE:

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MEMBERSHIP TYPE – PLEASE TICK

Please select the type of membership you wish to apply for:

Full 7 day membership	<input type="checkbox"/>	Short Term Member	<input type="checkbox"/>	Other	<input type="checkbox"/>
6 Day membership (exc Saturdays)	<input type="checkbox"/>	Social (PTO)	<input type="checkbox"/>		
5 day membership	<input type="checkbox"/>	Academy	<input type="checkbox"/>		

SIGNATURES AND TERMS

I authorize the verification of the information provided on this form as to my credit, employment and previous golfing experience. Once accepted you hereby agree to honour the complete 12 month Membership contract and pay the full amount, and further agree to only cease paying at the renewal time.

You also agree to the club rules, in particular the preface to the rules. Golf Membership is available to all persons. Short Term applicants should present a letter from the Employer stating length of current contract. It is the responsibility of the General Manger to interview all applicants in the joining process, once completed a member of the Captains Committee will welcome you to the golf club.

Data Protection: LOTSGC Ltd are committed to respecting your privacy. Please refer to our privacy documents which can be viewed on the club noticeboard or on the secure member's area of the website.

I consent for LOTSGC Ltd to send me information regarding the membership of the golf club	<input type="checkbox"/>
I consent for LOTSGC Ltd to send me information regarding matches and events at the golf club	<input type="checkbox"/>
I consent for LOTSGC Ltd to publish my telephone number in the golf club diary each year	<input type="checkbox"/>
I consent for LOTSGC Ltd to share my information with other members via the members area and App	<input type="checkbox"/>

Signature of applicant:	Date:
Print Name:	

Membership Start Date:	
Type of Payment: Full <input type="checkbox"/> Direct Debit <input type="checkbox"/>	Total Amount: £