SAND MOOR GOLF CLUB



Title:		Fii	First Name:			Surname:						D.O.B.			
Email:					Home Phone:						Mobile	Mobile Phone:			
Addre	Address:														
Gende	er:								Postcoo	Postcode:					
Type of Membership (Please tick)															
Full (7 Day)				6 Day		5 Day	Intermediate			iate	Student				
Countr	ſγ														
Your Golf															
Details of present/previous golf clubs and handicaps given:															
Currer	Current WHS handicap index if applicable: CDH number: (if known)														
I agree, if elected, to abide by the rules of the Club. – Signed: -															
		lame: -	abiue	by the rules of the club.	- JI	gneu	T	oser Signa							
How long have you known the applicant? Years															
Seconder Name: -							Seconder Signature: -								
How lo	ong h	nave you k	nown	the applicant?											
	We use this information to allow us to fulfil our contractual obligations to you as a Member in accordance with our Club's articles.														
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 our Club's activities and for us to carry out this processing we															
require you to positively opt in by completing the boxes below.															
'I am happy for you to communicate with me via the following means' Please tick the relevant box(es)															
Post		Email		Telephone - Home		Work		Mobile			Push Notifica	tion			
inform 'I unde	We have attached a copy of our Club's Privacy policy to this application form for you to be able to view but if you need any further information please write to the Data controller, at Sand Moor Golf Club, Alwoodley Lane, Leeds, LS17 7DJ 'I understand that should my membership application be successful I will be bound by the Club's articles.' Should you leave the Club we would like to continue to hold your personal data so that we may contact you with details about														
				If you agree to us retaining									actuns about		
			o	Please return complete r post to Club Manager, S	-	-			_						

For Office use only:

Date billed

Date paid

Application completed

Date of induction

Date received