



MEMBERSHIP APPLICATION FORM

I would like to apply for **FULL/COUNTRY*/JUNIOR/YOUTH/APPRENTICE**
Membership of The Scarborough North Cliff Golf Club Limited

* Country members must normally reside outside a 25 mile radius of the Club, be a Playing Member of a recognised 'home' Golf Club and be over 18 years of age.

Title _____ Surname _____ Forename(s) _____

Address _____

_____ Postcode _____

Date of Birth _____

Emergency Contact & Number _____

Do you hold a current handicap? YES/NO

If Yes. Please provide CDH Number:

If No. Have you ever held a Handicap? YES/NO

If Yes. What was it and when was it held:

We use the information above to allow us to fulfil our contractual obligations to you as a member in accordance with our Club's articles/rules/constitution. 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 activities including events and Competitions by way of post, telephone, email or SMS.

'I am happy for you to contact me regarding additional club activities via the following means' Please complete the information and tick the relevant box(es).

Post: Address as above

Email: _____

Telephone: _____

Mobile: _____

We may also wish to share your information with the professional or caterer so that they may send you information about their products and services. If you agree to your information being shared in this way please tick the box.

A copy of our privacy policy is available to view on our website but if you need any further information please write to the Data Controller, Joanne Duck at Scarborough North Cliff Golf Club, North Cliff Avenue, Scarborough, North Yorkshire, YO12 6PP

'I understand that should my membership application be successful I will be bound by the Club's articles/rules/constitution'

'I confirm I am over the age of 16 and have read, understood and agree with the way my data will be used by Scarborough North Cliff Golf Club Ltd' - If under the age of 16 a parent or guardian must sign this form on your behalf

Signature: (Applicant/Guardian) Delete as appropriate

Print Name:

Date: