

Membership Application Form

MEMBERSHIP PACKAGE:

GOLD

SILVER


BRONZE (JUNIOR)


TITLE FIRST NAME(S) SURNAME

ADDRESS

..... POSTCODE

DATE OF BIRTH (Juniors up to 16 years – see below).

 Email Address

 Home/Work Mobile

 **Name of Contact & Telephone No. in case of Emergency:**

Name: **Tel:**

ARE YOU CURRENTLY A MEMBER OF A GOLF CLUB? YES NO

Name of Club Handicap CDH No.

I agree to my contact details being shared with other MMGC Members for the purposes of competitions. YES NO

I wish to be added to the MMGC Mailing List & receive News, Updates & Special Offers relating to the Club. YES NO

DATA PROTECTION

The information you provide in this form will be used solely for dealing with you as a Member of MMGC. MMGC has a Data Privacy Policy which can be found at: www.martonmeadows.co.uk/privacy-policy Your data will be stored and used in accordance with this Policy.

I agree on acceptance to be bound by the Club Rules and to pay the applicable subscription fee in full; Club Rules are available on request from: enquiries@martonmeadows.co.uk

Membership subscription is due within 14 days of the offer of Membership.

Signed (Applicant) **Date**

There is currently no joining fee and new Members may join at any time of year.

All Junior Membership Applications MUST be counter-signed by a Parent or Guardian.

Name of Parent/Guardian & Contact Telephone No. is required for all Junior Applications.

Name Tel.

Signed (Parent/Guardian) **Date**

Junior Membership Applications Only.

Office Use:

Date Processed Method of Payment

Membership No. Processed By