



MEMBERSHIP APPLICATION FORM

PACKAGE: **GOLD** **SILVER** **BRONZE** **JUNIOR (FULL)** **JUNIOR (SOCIAL)** **MONTHLY**

TITLE: MR MRS MS MISS OTHER (Please state)

FIRST NAME(S):

SURNAME:

ADDRESS:

POSTCODE:

EMAIL:

CONTACT NO:

DATE OF BIRTH:

CONTACT INCASE OF EMERGENCY (ICE):

NAME:

TEL:

RELATIONSHIP TO PLAYER:

SPOUSE PARTNER CHILD MOTHER FATHER SIBLING OTHER (Please state)

WHS INFORMATION

Are you a member at another WHS Affiliated Golf Club? NO YES (If 'YES' -see below)

Please provide the name of your current/previous club or state 'iGolf'

CDH/WHS Number

IMPORTANT: To comply with GDPR we require your consent in order to contact you with information not directly associated with your Membership but which may be of interest, please record your preferences below.

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 to receive News, Updates & Special Offers relating to the Club. YES NO

SIGNED:

DATE:

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

NAME:

TEL:

SIGNED:

Parent/Guardian

DATE:

DATA PROTECTION:

The information you provide on this form will be used for the purposes of processing your application & administrating your Membership at Marton Meadows GC (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.

Office Use:

Membership Number:

Payment by: CARD

CASH

Date Processed:

Processed by: