



## MILL HILL GOLF CLUB APPLICATION FORM

*I hereby apply for*

.....  
*(Please indicate Membership Category)*

Name:

Address:

Gender:

Date of Birth:

Email:

Telephone

Mobile

Do you hold a current handicap? Yes / No

If Yes. please provide your 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 fulfill 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's activities and in order 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 regarding additional club activities via the following means'* Please fill in the information and **tick** the relevant box(es).

Email:

Telephone



Mobile

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

We have a copy of our clubs Privacy policy on the Main Notice Board and on the website

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

I consent to the Club giving my telephone number to other Members in order that they may contact me regarding competitions etc

Should you leave the club we would like to continue to hold your personal data so that we may contact you with details about future membership offers. If you agree to us retaining your personal data for this purpose please tick the box.

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

Signature: **(Applicant / Guardian) Delete as appropriate** Date:

Print Name:

