



WEST DERBY GOLF CLUB APPLICATION FORM

Membership applying for

Name:

Address:

Post Code

Date of Birth:

Do you hold a current handicap?

Yes / No

Emergency Contact and Telephone Number:

If Yes, please provide your CDH Number:

Any Medical Condition/s you think we should be aware of:

Proposer: _____ Sponsor: _____

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 of Association/Rules. 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 and email.

'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).

Post: _____

Email: _____

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 here

Subscription Payment Method

Please tick your preferred.

Please note 2 instalments & monthly payment not available to Junior/ further education or Social memberships which must be paid in full on becoming a member.

In full 2 Instalments Monthly (final payment must be paid in February)

'I understand that should my membership application be successful I will be responsible in paying for the full membership subscription & I will be bound by the Club's Rules.

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

Signature (Member / Guardian)

Date:



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Print Name: _____

Important Document – Please Complete Members Personal Data Audit

Dear Member

General Data Protection Regulations are changing. In order to prepare for the changes, we need to get your permission to continue to hold your personal data and inform you of your individual rights under the new legislation. We require you to ‘**Opt In**’ to be able to hold your personal data however, certain information is required to fulfil our contractual obligations as detailed below.

We hold an amount of personal data on which may include...

Your name, address, emergency contact number, email address, date of birth, gender, handicap, bank details (200 Club) there may be more.

We use the information above to allow us to fulfil our contractual obligation to you as a member in accordance with our Club Rules. We share this information with our external (Club V1 Administration Provider) 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 news/updates/activities including events and competitions by way of post, telephone and email.

‘I am happy for you to communicate with me regarding the Club’s information via the following means’

Post Email Telephone Mobile

Email Address: _____

Medical condition/s you think we should be aware of: _____

We may also wish to share your information with the Professional so that he may send you information about his products and services by the above means. If you agree to your information being shared in this way, please tick here

You have the right to request a copy of the information we hold about you. If you would like a copy of this information please email us at secretary@westderbygc.co.uk or write to the Data Controller at the Club (via the Manager). We also want to make sure that your personal information is accurate and up to date so you may ask us to correct or erase information that you think is inaccurate.

If you need any further information, please contact the Club Manager.

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

Signature (Member / Guardian) Delete as appropriate:

Date:

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