

# CLUB MEMBERSHIP APPLICATION

Title [Mr Mrs Miss] \_\_\_\_\_ Name [s] \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Contact TELEPHONE \_\_\_\_\_ MOBILE \_\_\_\_\_

Contact EMAIL \_\_\_\_\_

DATE OF BIRTH DD \_\_\_\_\_ MONTH \_\_\_\_\_ \*Year \_\_\_\_\_ (\*applicable if applying for Age Criteria Membership Type)  
I.D : Passport [ ] Driving License [ ] Other[specify \_\_\_\_\_]

Are you a past member of a golf club ? [ ]No [ ]Yes  
Are you currently a member of another club [ ]Yes DETAILS OF GOLF CLUB \_\_\_\_\_

HANDICAP  (if applicable) CDH Number  (if applicable)

## MEMBERSHIP TYPE:

- FULL MEMBER**
  - [ ] 7-Day [ ] \*5-Day \*5-Day member Monday – Friday excluding public/bank holidays.
  - [ ] 7-Day Age Criteria Specify Age [ \_\_\_\_\_ ]
  - [ ] 7-Day Junior Age 14-17 years
  - [ ] 7-Day Junior Under 13 years

- MEMBER 9-HOLE CANAL SIDE COURSE**
  - [ ] 7-Day
  - [ ] \*5-Day \*5-Day member Monday – Friday excluding public/bank holidays

MEMBERSHIP TARIFF £ \_\_\_\_\_ Paid \_\_\_/\_\_\_/\_\_\_ [ ] Finance application Requested

INCEPTION DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ RENEWAL DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

### ACKNOWLEDGEMENT OF CLUB MEMBERSHIP APPLICATION

By signing below I hereby accept the following terms & conditions of membership:

- Club Membership is valid for 12-months and begins on inception date as confirmed above
- Club Membership Fee is non-refundable and cannot be #frozen# or suspended within the term.
- A “Rolling Membership” fee request is by invitation and will specify terms including due date and fee quoted.
- I accept If my club membership lapses, the current fee to re-join supersedes the rolling renewal request fee.
- I have read the policy relating to Club GDPR

**Please tick  the following for further and links to access are required.**

- [ ] Information on how to obtain a handicap.
- [ ] Consent to the club GDPR policy
- [ ] Require access to the world handicap system.
- [ ] I request a verification code to register as a club member on the Elite Live APP online booking system

SIGNED: ..... PRINT .....

Membership Number Issued [ \_\_\_\_\_ ] Issued with [ ] Bag Tag [ ] Membership Sticker

#### EMERGENCY CONTACT DETAILS

NAME \_\_\_\_\_ Telephone \_\_\_\_\_



## GDPR FORM

Membership Number: [ \_\_\_\_\_ ]

Name: PRINT \_\_\_\_\_

Date Of Birth:     /     /

Email Address: [ \_\_\_\_\_ ]

Phone number: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

I Wish:

- My contact details to be included on the Master Score Board Handicap System in the secure member's section.
- I understand that this data will be sent to the World Handicap System (WHS) portal in order that I receive an official handicap index.
- I understand that my details will remain on the players section of the Trent Lock Golf and Country Club Master Scoreboard system for as long as I remain a member at the club, and that my details will be deleted within one month upon the termination of my membership.
- I understand that if I wish my details to be removed at any time, I will submit my request in writing to the handicap secretary who will action this within one month of receiving my request.

Without undue delay, I will inform the Handicap Secretary at Trent Lock Golf and Country Club if any of my **details change** whilst my details are displayed on the Master Scoreboard.

Any personal data provided to Trent Lock Golf and Country Club, for the purpose of display on the Master Scoreboard system or otherwise, will **NOT** be shared with any third-party businesses or individuals without *explicit* written permission to do so.

I hereby acknowledge and consent to the above

**Signature:** .....

**Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_