

Tuam Golf Club Membership Application Form

Name: _____

Address: _____

Date of Birth: (??) _____

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: _____

Emergency Contact: _____

Emergency Contact number: _____

CATEGORY OF MEMBERSHIPS

	€		
U.35'S	465	JUNIOR CAT. A	120
PLAY AS YOU GO	525	JUNIOR CAT. B	190
SINGLE	685	JUNIOR (U.13)	60
SINGLE(SPECIAL OFFER)	555	COUNTRY	200
FAMILY	955	<u>SPECIAL CATEGORY</u>	
		YEAR 1	250
		YEAR 2	350

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/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).

Post: Address as above

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 attached a copy of our clubs Privacy policy to this application form for you to be able to view but if you need any further information please write to the Data Controller at (Tuam Golf Club, Barnacurragh, Tuam, County Galway)

'I understand that should my membership application be successful I will be bound by the club's articles/rules/constitution'

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 Tuam 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: _____ **TYPE:**

Proposed by _____

Seconded by _____

Date Application Passed: _____