



**OLDMELDRUM
GOLF CLUB**

Kirk Brae, Oldmeldrum, Aberdeenshire AB51 0DJ

MEMBERSHIP APPLICATION FORM

NAME _____

ADDRESS _____

POSTCODE _____

TELEPHONE NO. _____ DATE OF BIRTH _____

E-MAIL ADDRESS _____

PREVIOUS / CURRENT CLUB (IF APPLICABLE) _____

PREVIOUS / CURRENT HANDICAP (IF APPLICABLE) _____

DATE OF PREVIOUS HANDICAP _____

OCCUPATION _____

APPLICANT SIGNATURE _____ DATE _____

PROPOSER NAME _____ SIGNATURE _____

*** I HAVE PERSONALLY KNOWN THE APPLICANT FOR _____ YEARS.

*** OR THE APPLICANT IS NOT PREVIOUSLY KNOWN TO ME _____

SECONDER NAME _____ SIGNATURE _____

*** I HAVE PERSONALLY KNOWN THE APPLICANT FOR _____ YEARS.

*** OR THE APPLICANT IS NOT PREVIOUSLY KNOWN TO ME _____

*** PROPOSER & SECONDER COMPLETE WHICHEVER OF THE ABOVE STATEMENTS IS APPLICABLE

ON ACCEPTANCE OF APPLICATION, NEW MEMBERS WILL BE REQUIRED TO PROVIDE EITHER A HANDICAP CERTIFICATE OR LETTER OF INTRODUCTION FROM THEIR PREVIOUS / CURRENT CLUB, OR A SIMILAR ACCEPTABLE CHARACTER REFERENCE.

DATA PROTECTION ACT - PERSONAL DETAILS OF MEMBERS ARE HELD ON THE CLUB COMPUTER, BUT WILL NOT BE PASSED ON TO THIRD PARTIES, EXCEPT THE SGU, WITHOUT THE EXPRESS PERMISSION OF THE MEMBER CONCERNED. THE SGU NOW REQUIRE CLUBS TO SUPPLY THEM WITH MEMBERS DETAILS FOR THEM TO OPERATE THE CENTRALISED GOLF HANDICAP SYSTEM.

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Website: www.oldmeldrumgolf.co.uk