



OLDMELDRUM
GOLF CLUB

Kirk Brae, Oldmeldrum, Aberdeenshire AB51 0DJ

MEMBERSHIP APPLICATION FORM

NAME _____ MR/MRS/MS

ADDRESS _____

POSTCODE _____

TELEPHONE NO. _____ DATE OF BIRTH _____

E-MAIL ADDRESS _____

PARENTS E-MAIL ADDRESS
(ONLY FOR JUNIOR APPLICATIONS) _____

PREVIOUS / CURRENT CLUB (IF APPLICABLE) _____

PREVIOUS / CURRENT HANDICAP (IF APPLICABLE) _____

DATE OF PREVIOUS HANDICAP _____

UNIQUE CDH NUMBER _____

OCCUPATION (OPTIONAL) _____

APPLICANT SIGNATURE _____ DATE _____

PROPOSER NAME _____ SIGNATURE _____

SECONDER NAME _____ SIGNATURE _____

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I AGREE TO THE CLUB HOLDING MY CONTACT DETAILS THIS MAY ALSO INCLUDE THE RELEASE OF YOUR CONTACT PHONE NUMBER TO ALLOW MANAGEMENT OF ANY CLUB COMPETITIONS YOU MAY ENTER.

I AGREE TO THE CLUB SHARING MY DETAILS WITH THE CLUB PROFESSIONAL FOR THE PURPOSE OF MANAGING CLUB COMPETITIONS AND PRIZE MONEY.

PLEASE NOTE YOU MUST TICK THE BOXES TO GIVE CONSENT. UNCHECKED BOXES WILL BE TAKEN AS A NEGATIVE RESPONSE.

FOR FULL DETAILS OF THE CLUB'S PRIVACY POLICY PLEASE GO TO THE CLUB WEBSITE.