



# Halesowen Golf Club

## Membership Application

PLEASE COMPLETE IN BLOCK CAPITALS

Full Name Mr/Mrs/Miss/Ms/DR	
Address:   Post Code:  Date of Birth:  Occupation:	Home Tel:
	Mobile Tel:
	Work Tel:
	Email Address:

**Category of Membership applied for:** Please circle appropriate and provide requested details

Full	5 Day	Intermediate - State Age		Country 1 45 to 65 miles	Country 2 Over 65 Miles
Flexible	Social	Junior - State Age		University - Provide Copy of Student ID	
Offer - Full / Restricted / Intermediate				Academy	

<b>Golf</b> - Are you currently, or have been, a member of this or any other recognised golf club <b>Yes / No</b>	
If Yes please state names of club(s)	
Handicap	CDH Number
<b>Introduction</b> - If introduced by member state name of member, or how did you hear about us	

### Data Protection

Please indicate your consent or otherwise of publication of your contact details in the club handbook and members page of website		I consent to my email address being published on the Club website Members page	<b>Yes / No</b>
Home Telephone Number	<b>Yes / No</b>		
Mobile Number	<b>Yes / No</b>		
Work Telephone Number	<b>Yes / No</b>		

<p><b>Marketing:</b> Do you opt in for Halesowen Golf Club to correspond with you regarding activities including club news and events by way of email, post, telephone and SMS. We do not share your data with external marketing companies who would contact you this way. <b>YES/NO - this must be completed</b></p> <p><b>Certificate of Applicant</b> I hereby apply to become a member of Halesowen Golf Club (2008) Ltd ("the club"). If duly accepted, I hereby agree to be bound by the Memorandum &amp; Articles of Association and Bye-laws of the Club from time to time in force, and to pay all fees due now, and in the future, in the agreed prescribed time limits. I understand that if my application is not successful, the club is not required to give reasons for the decision and will not enter into any correspondence regarding it.</p>
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Signature of Applicant	Date
In the case of Junior, Signature of Parent	Date