



WEST MONMOUTHSHIRE GOLF CLUB

The Highest Golf Course in the UK

Application for Adult Membership

I wish to become a *member and if accepted, I agree to abide by the Rules of the Club [* Insert – Full playing, 18-25 years, Student, Spring, Summer or Social].

Further, I wish my membership to commence 1st day of** 20
[** Insert January, April, July or October]

Full name:

Address:

.....

Post Code: Date of Birth:

Tel Member: Email Member:

Previous Club [if any]

CDH Number [if applicable] Handicap:

Signed**

Print:

Date:

**** Data Protection Act 2018.**, By signing this application form, you are granting West Monmouthshire Golf Club permission to hold your personal data. This is required to enable us to send you documentation and also to process competitions etc. Your personal data is administered internally by the Club who ensure that the Golf Club's data protection policy is adhered to.

CLUB USE ONLY:

Admin: Application received by: Date:

CDH No. allocated Y / N Member's pack issued Y / N

Approved by: Signed: Date: