

# West Monmouthshire Golf Club



## Application for Membership

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

Full name: .....

Address: .....

.....

Post Code: ..... Tel: .....

Email: .....

Date of Birth: .....

Previous Club [if any] .....

CDH Number [if applicable] ..... Handicap: .....

Signed\*\* .....

Print: .....

**\*\* 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.

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Admin: ..... Application received by: ..... Date: .....

Approved by: ..... Date: ..... Member's pack issued Y / N

CDH No. allocated Y / N Signed: ..... Date: .....