



# Membership Application

|  |  |
|--|--|
| Full Name  |  |
| Address  |  |
| Postcode   | Telephone No                                       |
| Email address  | Mobile Telephone No                                |
|  | Date of birth                                      |
| Current or Previous Club or any useful information regarding golf experience | <i>Emergency Contact name and telephone number</i> |

Handicap Details (please tick)

\* Handicap (copy of Handicap certificate enclosed)  CDH Number .....

\* I have not got a handicap

\* I did have a handicap but has since lapsed. Before it lapsed I played to a ..... handicap (year ..... )

Which category of membership are you applying for?

Full  Colt  Student  Country  Junior  Social  Social Plus  Adult Academy

Proposer name (Print) .....

I wish to propose the named candidate for membership, whom I have known personally for a period of ..... years.

Signed..... Date.....

**Please note** If you have not got a Proposer or supplied a current Handicap certificate we will need you to book a Golf Assessment with our pro shop which acts as an introduction to the professional staff but also confirms that you have a good understanding of general golf etiquette and can play to a reasonable standard.

**IMPORTANT: Data Protection**  
For each Member of the Club we hold the above information to allow us to fulfil our contractual obligations to you in accordance with our club rules.  
These details are held securely and never shared with outside companies. However, email addresses are useful to help different sections of the Club to keep Members informed of activities within the club:  
If you agree to your information being shared in this way please tick the box   
We may also wish to share your information with the professional so that they may send you information about their products and services by email. If you agree to your information being shared in this way please tick the box

We have attached a copy of the club's Privacy Policy to this application from for you to view but if you need further information please write to the Data Controller (Victoria Rose) at Long Ashton Golf Club, Clarken Coombe, Long Ashton, Bristol BS41 9DW.

I understand that should my membership application be successful I will be bound by the Club's rules.  
I confirm that I am over the age of 16 and have read, understood and agree with the way my data will be used by Long Ashton Golf Club. **If under the age of 16 a parent or guardian must sign this form on your behalf and complete additional information.**

Signature: (Applicant / Guardian) Delete as appropriate

Print name:

Date:

Membership Chair

Name .....

Name .....

Date of Interview .....

Approved

Approved by Committee

**For office only:**

Acknowledge sent .....

Pending Applications .....

Membership schedule .....

Club V1 .....

**After Approval:**

Acknowledge

Invoice & Ent. Fee

Pack

Swipe Card No:

Club V1                      Wintax                      Xpos